#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,241

03/14/05

FEE-FOR-SERVICE/DENTAL

MOPUZ4	FEE-FOR-SERVICE/DENTAL			
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CASH GRANT - AGED	AID CODE 10	
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					MON	THLY AVERA	GE
2,286 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,905	38,132 \$	733,266.81	\$ 19.23	16.681 \$		
@PHYSICIANS SERVICES	305	707 \$	11,448.27	\$ 16.19	.309 \$		
OUTPATIENT VISITS	2	2	48.00	24.00	.001	24.00	.02
OFFICE VISITS	2	2	48.00	24.00	.001	24.00	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00				
OB VISITS/COMPRE PERI	0	0		.00	.000	.00	.00
OTHER OUTPATIENT	•		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	O	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	80.30	40.15	.001	80.30	.04
EXAMINATIONS	1	2	80.30	40.15	.001	80.30	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	28.23	28.23	.000	28.23	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	302						
OTHER SERVICES/ALL X-OVERS		702	11,291.74	16.09	.307	37.39	4.94
@PHARMACY	1,591	23,053 \$	480,285.29	\$ 20.83	10.084 \$		\$ 210.10
PRESCRIPTION DRUGS	1,553	6,110	468,438.14	76.67	2.673	301.63	204.92
SNF/ICF	41	367	30,492.88	83.09	.161	743.73	13.34
OUTPATIENTS	1,516	5,743	437,945.26	76.26	2.512	288.88	191.58
MEDICAL SUPPLIES	144	16,943	11,847.15	.70	7.412	82.27	5.18
@DENTIST	38	119 \$	11,413.00	\$ 95.91	.052 \$		\$ 4.99
VISITS - DIAGNOSTIC	19	34	608.00	17.88	.015	32.00	.27
ORAL SURGERY	5	36	1,901.00	52.81	.016	380.20	.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.02
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	3	177.00	59.00	.001	59.00	.08
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	19	43	8,572.00	199.35	.019	451.16	3.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
VIII OIHEN SEKAICES	Τ.	Τ.	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,242

03/14/05

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SUMMARY OF SERVICES FOR		AID CODE 10
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DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR C	CASH GRA	AN'I' -	AGED		AID CODE					
								M			GE.	
2,286 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS O	F CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	43		108	\$	2,173.38	\$	20.12	.047	\$	50.54	\$	.95
DIAGNOSTIC AND ANC. PROCED	10		12		433.62		36.14	.005		43.36		.19
EYE APPLIANCES	34		93		1,593.66		17.14	.041		46.87		.70
OTHER OPTOMETRIC SERVICES	4		3		146.10		48.70	.001		36.53		.06
@CHIROPRACTOR	3		7	\$	51.31	\$	7.33	.003	\$	17.10	\$	.02
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	3		7		51.31		7.33	.003		17.10		.02
@PODIATRIST	36		54	\$	569.68	\$	10.55	.024	Ś	15.82	Ś	.25
MEDICINE/INJECTIONS	0		0		.00	'	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	36		54		569.68		10.55	.024		15.82		.25
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	ب خ		\$	.00	.000		.00	\$	.00
	1		-	ې د								
FAMILY NURSE PRACTITIONER	176		1	Ş		\$	12.41	.000		12.41		.01
@TOTAL HOSPITAL			436	Ş		Þ	113.65	.191	Þ	281.54	\$	21.68
HOSP INPATIENT TOTAL	38		8		41,497.16		5187.15	.003		1092.03		18.15
HSC HOSPITALS	1		8		8,190.13		1023.77	.003		8190.13		3.58
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	37		0		33,307.03		.00	.000		900.19		14.57
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	164		428		8 <b>,</b> 054.55		18.82	.187		49.11		3.52
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	164		428		8,054.55		18.82	.187		49.11		3.52
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ō		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0									
MEDICAL	•		-		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

0 0 RADIOLOGY .00 .00 .000 .00 .00 0 0 .00 .00 ROOM USE .000 .00 .00 .00 0 0 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,243 #CALIF DEPT OF HEALTH SERV

03/14/05

MOPO24 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH CRANT - AGED ALD CODE 10

DEL NORTE COUNTY	GIIMMADV OF GED	VICES FOR CASH G	יייז א כ	- ACED	AID CODE	10			03/11/03
DEL NORTE COUNTI	SUMMARI OF SER	VICES FOR CASH G.	VAIVI	- AGED	AID CODE	MON	מממנג א אנחוו	CE	
2,286 ELIGIBLES	HCEDC	UNITS OF SERVICE	7	EADENDIMIDES	AVERAGE COST				COST PER
Z,ZOO ELIGIBLES		OD DAVO OF CAD	-		DED INTEN/DAS		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	176	0	خ ٽ	49,551.71	\$ 113.65		281.54		
	38	430	Ą	49,331.71	5187.15	.003	1092.03	Ą	18.15
COMM HOSP INPATIENT TOTAL	38	8		41,497.10	5187.15 1023.77				
HSC HOSPITALS	1	8		8,190.13	1023.77	.003	8190.13		3.58
NON-HSC HOSPITALS TOTAL	0	Ü		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000			.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	37	0		33,307.03	.00	.000	900.19		14.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	38 1 0 0 0 0 0 0 37 0 164	428		8,054.55	18.82	.187	.00 .00 900.19 .00 49.11		3.52
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	164	428		8,054.55	18.82	.187	49.11		3.52
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0 0 0 40	897	\$	133,983.79	\$ 149.37	.392	3349.59	\$	58.61
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0 0 40 0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	40	897		133,983.79	149.37		3349.59		58.61
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00		.00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$ .00	.000 \$		Ś	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
ICF DDH ICF DD ICF DDN/DDCN GHEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED	0	0	Ś	.00	\$ .00	.000 \$		Ś	.00
HOSPITAL BASED	0	0	•	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	21	40	\$	435.38	\$ 10.88	.017 \$		Ś	.19
PATHOLOGY	19	31	7	409.27	13.20	.014	21.54	7	.18
XO AND OTHERS	2	9		26.11	2.90	.004	13.06		.01
@ORGANIZED OUTPATIENT CLINIC	21 19 2 398	582	\$	27,258.93		.255		Ś	11.92
CLINIC	0	0	т	.00	.00	.000	.00	7	.00
SURGICENTER	1	1		8.52	8.52	.000	8.52		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	398	581		27,250.41	46.90	.254	68.47		11.92
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT F			C 2004		PAGE 2,244
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MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

					MC	NTHLY AVERA	GE
2,286 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	343	12,128	\$ 16,083.66	\$ 1.33	5.305	\$ 46.89	\$ 7.04
DURABLE MED. EQUIP.	7	9	409.97	45.55	.004	58.57	.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4	1,976.52	494.13	.002	494.13	.86
MEDICAL TRANSPORTATION	13	279	517.95	1.86	.122	39.84	.23
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	234	422.36	1.80	.102	105.59	.18
OTHER SERVICES	9	45	95.59	2.12	.020	10.62	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	58	140	1,752.39	12.52	.061	30.21	.77
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	5	1,102.82	220.56	.002	220.56	.48
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	267	11,691	10,324.01	.88	5.114	38.67	4.52
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	663	1,948	\$ 91,250.35	\$ 46.84	.852	\$ 137.63	\$ 39.92

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,245 MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

						MOI	NTHLY AVERA	GE
265 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	210	10,142	\$	122,579.74	\$ 12.09	38.272	583.71	\$ 462.57
@PHYSICIANS SERVICES	44	114	\$	6,654.55	\$ 58.37	.430	151.24	\$ 25.11
OUTPATIENT VISITS	15	21		931.19	44.34	.079	62.08	3.51
OFFICE VISITS	14	19		826.45	43.50	.072	59.03	3.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.004	44.60	.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		60.14	60.14	.004	60.14	.23
INPATIENT VISITS	4	15		1,016.56	67.77	.057	254.14	3.84
HOSPITAL VISITS	4	14		792.31	56.59	.053	198.08	2.99
CRITICAL CARE	1	1		224.25	224.25	.004	224.25	.85

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.004	37.15	.14
EXAMINATIONS	1	1	37.15	37.15	.004	37.15	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	4	203.87	50.97	.015	50.97	.77
PRINCIPAL SURGEON	4	4	203.87	50.97	.015	50.97	.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	5.14	2.57	.008	2.57	.02
RADIOLOGY	7	8	60.94	7.62	.030	8.71	.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	20	3,218.30	160.92	.075	804.58	12.14
OTHER SERVICES/ALL X-OVERS	29	43	1,181.40	27.47	.162	40.74	4.46
@PHARMACY	188	9 <b>,</b> 593	\$ 85 <b>,</b> 173.88	\$ 8.88	36.200	\$ 453.05	\$ 321.41
PRESCRIPTION DRUGS	183	793	78 <b>,</b> 912.14	99.51	2.992	431.21	297.78
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	183	793	78,912.14	99.51	2.992	431.21	297.78
MEDICAL SUPPLIES	46	8,800	6,261.74	.71	33.208	136.12	23.63
@DENTIST	2	31	\$ 1,361.00	\$ 43.90	.117	\$ 680.50	\$ 5.14
VISITS - DIAGNOSTIC	2	8	174.00	21.75	.030	87.00	.66
ORAL SURGERY	1	22	1,087.00	49.41	.083	1087.00	4.10
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.004	100.00	.38
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for jan 2	2004 THRU DEC	2004	PAGE 2,246
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR CASH GRANT	Γ - BLIND	AID CODE	20		

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND ----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 265 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 11 \$ 1,014.25 \$ 92.20 .042 \$ 202.85 \$ 3.83 DIAGNOSTIC AND ANC. PROCED 3 3 113.55 37.85 .011 37.85 .43 EYE APPLIANCES 900.70 112.59 .030 225.18 3.40 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 s @CHIROPRACTOR .00 \$ .000 \$ . 00 .00 VISITS .00 .000 .00 .00 0 .00 OTHER SERVICES .00 .000 .00 24.00 \$ 24.00 1 .004 \$ 24.00 \$ .09 @PODIATRIST 24.00 24.00 24.00 MEDICINE/INJECTIONS .004 .09 .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .00 .00 OTHER .000 . 00 .00 \$ @HOME HEALTH AGENCY 0 .00 .000 \$ .00 \$ .00 71.85 \$ 23.95 .011 \$ 71.85 \$ NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 S . 00 NURSE MIDWIFE .00 \$ .00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$ . 00 Ω 0 .00 \$ .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER .00 33 135 @TOTAL HOSPITAL 10,046.61 \$ 74.42 .509 \$ 304.44 \$ 37.91 5 1377.84 6,889.20 3444.60 HOSP INPATIENT TOTAL .019 26.00 0 0 .00 .000 .00 HSC HOSPITALS .00 .00 1273.23 559.98 NON-HSC HOSPITAL TOTAL 6,366.15 .019 6366.15 24.02 2,799.90 2799.90 ACCOMMODATIONS .019 10.57 .00 .00 .000 .00 . 00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 2,799.90 559.98 2799.90 ALL OTHER ACCOM .019 10.57 Ω 3,566.25 .00 .000 3566.25 13.46 ANCILLARIES 523.05 .00 523.05 INPATIENT CROSSOVERS .000 1.97 0 .00 ALL OTHER INPATIENT .00 .000 .00 .00 31 130 3,157.41 24.29 .491 HOSP OUTPATIENT TOTAL 101.85 11.91 858.42 53.65 107.30 MEDICAL 16 .060 3.24 67.33 SURGERY 1 67.33 .004 67.33 35 390.60 11.16 .132 48.83 PATHOLOGY 342.90 RADIOLOGY 1.3 26.38 .049 38.10 1.29 34.76 803.40 13 17 53.44 40.87 .064 2.62 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 16.74 .181 34.93 3.03 0 0 .00 \$ .00 .00 \$ @COUNTY HOSPITAL TOTAL .000 \$ .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 . 00 .00 .00 .00 .00 HSC HOSPITALS .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS . 00 .00 .000 . 00 . 00 .00 .00 .000 . 00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES . 00 . 00 .000 . 00 . 00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEG	C 2004	PAGE 2,247
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CASH GRANT	- BLIND	AID CODE	20		
					MONT	THLY AVERAG	E

					MON'	THLY AVERA	GE
265 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	33	135 \$	10,046.61	\$ 74.42	.509 \$	304.44	\$ 37.91
COMM HOSP INPATIENT TOTAL	2	5	6,889.20	1377.84	.019	3444.60	26.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	5	6,366.15	1273.23	.019	6366.15	24.02
ACCOMMODATIONS	1	5	2,799.90	559.98	.019	2799.90	10.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	2,799.90	559.98	.019	2799.90	10.57
ANCILLARIES	1	0	3,566.25	.00	.000	3566.25	13.46
INPATIENT CROSSOVERS	1	0	523.05	.00	.000	523.05	1.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	130	3,157.41	24.29	.491	101.85	11.91
MEDICAL	8	16	858.42	53.65	.060	107.30	3.24
SURGERY	1	1	67.33	67.33	.004	67.33	.25
PATHOLOGY	8	35	390.60	11.16	.132	48.83	1.47
RADIOLOGY	9	13	342.90	26.38	.049	38.10	1.29
ROOM USE	13	17	694.76	40.87	.064	53.44	2.62
CROSSOVERS/ALL OTH OUTPINT	23	48	803.40	16.74	.181	34.93	3.03
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	6 \$	60.13	\$ 10.02	.023 \$		
PATHOLOGY	6	6	60.13	10.02	.023	10.02	.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	38	45 \$	3,110.63	\$ 69.13	.170 \$	81.86	\$	11.74
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	0	0	.00	0.0				.00
HEROIN DETOX CLINIC	0	0	0.0	.00	000	.00		.00
DUDAT HEATEN CLINIC	20	0 0 0 0 45	2 110 62	60 13	170	01 06		11 74
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	30	4)	3,110.03	09.13	.1/U	01.00	DAG	11.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEC	2004		
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- BLIND	AID CODE	20			
					MON'			
265 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		00 03110 00 0300		DDD 13317 D311	DED ELTO	USER	EL	TGTBLE
ANTI OTHED DDOMINEDS	2.8	203 \$	15,062.84	\$ 74.20	766 \$	537.96		
DUDADLE MED EQUID	20	205 \$	0 162 56	7 74.20	.700 7	1832.51	Ÿ	34.58
DURABLE MED. EQUIP.	5	20	9,102.30	458.13	.073	1032.31		
BLOOD BANK	Ü	Ü	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 562.63		.00
MEDICAL TRANSPORTATION	5	102	2,813.16	27.58	.385			
AMBULANCES/AIR TRANS	5	101	1,538.16	15.23	.381	307.63		5.80
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	1	1	1,275,00	1275.00	. 004	1275.00		4.81
ACIPINCTIRE	0	0	0.0	0.0	000	0.0		.00
VOILE DAY REVIER CADE CED	0	0	0.0	0.0	000	.00		.00
CENERIC DICEAGE RECRING	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	U	.00	.00	.000	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	Ü	Ü	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	O	0	.00	.00	.000	.00		.00
OPTICIAN	4	8	1,664.21	208.03	.030	.00 .00 .00 416.05		6.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00 926.74		.00
PROSTHETIST/ORTHOTISTS	1	6	926.74	154.46	.023	926.74		3.50
QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	1	OR DAYS OF CARE  203 \$ 20 0 0 102 101 0 0 0 0 0 0 0 0 0 0 0 0	926.74	154.46	.023	926.74		3.50
ORTHOTICS	0	0	00	00	000	00		.00
DOVOLIOTICS	0	0	.00	.00	.000	.00		.00
PSICHOLOGISI	0	0	.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	U	U	.00	.00	.000	.00		.00
HOSPICE SERVICES	Ü	Ü	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	O	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0 14	67	496 17	7 41	253	35 44		1.87
@CALIF. CHILDREN SERVICES*	16	206 \$	496.17 16,495.08 4,207.90	\$ 80.07	777 \$	1030 94	Ġ	62.25
QXOVER EXCLUDING STATE HOSP*	t 52	910 \$	4 207 90	\$ 4.62	3 131 6	90 92	¢	15.88
-	CITIEN AC A CEDAD	AUE THEODMARION THEM	4,207.90	7 4.02	J.4J4 Y	00.92	Ÿ	13.00
0* TOTALS IN THESE LINES ARE								
THE AMOUNTS ARE ALREADY IN			S ABOVE.					
** THESE DATA ARE INCLUDED								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DEG	2004		
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE	60			
					MONT	THLY AVERAG	E	
21,645 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
21,010 EE1012EE0	OBLIG	OR DAYS OF CARE		PER UNIT/DAY		USER		JIGIBLE
@TOTAL, ALL PROVIDERS	19,779	457,139 \$	13 716 542 00	\$ 30.01	21.120 \$			633.70
- ,			13,716,542.80					
@PHYSICIANS SERVICES	3,987	11,277 \$	431,425.93	\$ 38.26	.521 \$		Ą	19.93
OUTPATIENT VISITS	1,206	1,696	60,443.24	35.64	.078	50.12		2.79
OFFICE VISITS								
	1,048	1,449	48,837.20	33.70	.067	46.60		2.26
HOME VISITS	1,048 2	1,449 2	48,837.20 44.10	22.05	.067	22.05		.00
HOME VISITS EMERGENCY ROOM		•	•					

PREVENTIVE CARE	0	0	.00			.00	.00
OB VISITS/COMPRE PERI	6	17	272.37			45.40	.01
OTHER OUTPATIENT	53	60	1,674.93	27.92	.003	31.60	.08
INPATIENT VISITS	161	699	43,021.91	61.55	.032	267.22	1.99
HOSPITAL VISITS	144	528	23,288.25	44.11	.024	161.72	1.08
CRITICAL CARE	15	152	18,883.86	124.24	.007	1258.92	.87
SNF/ICF/TRANS IP CARE	16	19	849.80			53.11	.04
OPHTHALMOLOGICAL SERVICES	117	152	6,059.77			51.79	.28
EXAMINATIONS	117	152	6,059.77				.28
SERVICES AND MATERIALS	0	0	.00			.00	.00
INPATIENT HOSPITAL SURGERY	141	888	77,103.74			546.84	3.56
PRINCIPAL SURGEON	108	159	62,583.84			579.48	2.89
ASSISTANT SURGEON	16	15	2,839.07			177.44	.13
ANESTHESIOLOGIST	37	714	11,680.83			315.70	.54
OUTPATIENT SURGERY	348	717	91,876.00			264.01	4.24
PRINCIPAL SURGEON	332	469	87,135.92			262.46	4.03
ASSISTANT SURGEON	0	0	.00			.00	.00
ANESTHESIOLOGIST	27	248	4,740.08			175.56	.22
DIALYSIS	14	53	4,019.40			287.10	.19
PATHOLOGY	358	648	11,155.38			31.16	.52
	1,353		60,637.30			44.82	
RADIOLOGY	1,353	2,394	•				2.80
PSYCHIATRY		0	.00			.00	.00
IMMUNIZATION AND INJECTION	66	204	11,546.94			174.95	.53
OTHER SERVICES/ALL X-OVERS	1,506	3,826	65,562.25			43.53	3.03
@PHARMACY	14,657	214,741 \$	7,092,218.77				
PRESCRIPTION DRUGS	14,433	62,021	6,943,451.75			481.08	320.79
SNF/ICF	104	1,305	131,346.21			1262.94	6.07
OUTPATIENTS	14,343	60,716	6,812,105.54			474.94	314.72
MEDICAL SUPPLIES	1,291	152,720	148,767.02				6.87
@DENTIST	333	1,609 \$	77,264.92			•	
VISITS - DIAGNOSTIC	241	765	11,475.90			47.62	.53
ORAL SURGERY	70	444	24,447.00			349.24	1.13
DRUGS	2	3	.00			.00	.00
ANESTHESIA	30	30	3,000.00			100.00	.14
PERIODONTICS	4	4	253.00			63.25	.01
ENDODONTICS	14	35	6,497.00			464.07	.30
RESTORATIVE DENTISTRY	65	172	8,517.00				.39
PROSTHETICS	4	4	140.00		.000	35.00	.01
DENTURES, STAYPLATES	65	108	22,765.02	210.79	.005	350.23	1.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	100.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	70.00	23.33	.000	23.33	.00
ALL OTHER SERVICES	9	39	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JA	N 2004 THRU	DEC 2004	PAGE 2,250
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	r - DISABLED	AID CO	DE 60		
						MONTHLY AVERA	GE
21,645 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO		YS COST PER	COST PER
•		OR DAYS OF CARE			AY PER ELIC	G USER	ELIGIBLE
@OPTOMETRIST	610	1,650 \$	36,192.10				\$ 1.67
DIAGNOSTIC AND ANC. PROCED	329	367	14,479.92			44.01	.67
EYE APPLIANCES	468	1,267	21,148.99			45.19	.98
OTHER OPTOMETRIC SERVICES	16	16	563.19			35.20	.03
@CHIROPRACTOR	210	401 \$	6,625.44				
VISITS	199	385	6,395.40			32.14	.30
. 10110	100	303	0,333.40	10.01	•010	22.11	• 5 0

OTHER SERVICES	11	16	230.04	14.38	.001	20.91	.01
@PODIATRIST	158	222	\$ 5 <b>,</b> 154.38	\$ 23.22	.010	\$ 32.62	\$ .24
MEDICINE/INJECTIONS	87	104	3,124.50	30.04	.005	35.91	.14
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	6	11	188.59	17.14	.001	31.43	.01
OTHER	72	107	1,841.29	17.21	.005	25.57	.09
@HOME HEALTH AGENCY	77	699	\$ 47,933.67	\$ 68.57	.032	\$ 622.52	\$ 2.21
NURSE ANESTHESIST	164	786	\$ 15,798.38	\$ 20.10	.036	\$ 96.33	\$ .73
NURSE MIDWIFE	14	27	\$ 4,645.66	\$ 172.06	.001	\$ 331.83	\$ .21
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	2	2	\$ 81.20	\$ 40.60	.000	\$ 40.60	\$ .00
@TOTAL HOSPITAL	4,213	22,744	\$ 3,959,452.21	\$ 174.09	1.051	\$ 939.82	\$ 182.93
HOSP INPATIENT TOTAL	388	1,312	3,216,107.92	2451.30	.061	8288.94	148.58
HSC HOSPITALS	23	165	260,142.50	1576.62	.008	11310.54	12.02
NON-HSC HOSPITAL TOTAL	247	1,147	2,852,643.48	2487.05	.053	11549.16	131.79
ACCOMMODATIONS	247	1,147	923,402.71	805.06	.053	3738.47	42.66
ADMINISTRATIVE DAYS	1	14	9,345.00	667.50	.001	9345.00	.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	247	1,133	914,057.71	806.76	.052	3700.64	42.23
ANCILLARIES	247	0	1,929,240.77	.00	.000	7810.69	89.13
INPATIENT CROSSOVERS	122	0	103,321.94	.00	.000	846.90	4.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,058	21,432	743,344.29	34.68	.990	183.18	34.34
MEDICAL	1,599	3 <b>,</b> 151	241,320.03	76.59	.146	150.92	11.15
SURGERY	360	462	23,577.29	51.03	.021	65.49	1.09
PATHOLOGY	1,547	6 <b>,</b> 745	79,395.09	11.77	.312	51.32	3.67
RADIOLOGY	1,452	2,176	167,195.34	76.84	.101	115.15	7.72
ROOM USE	1,625	2 <b>,</b> 778	115,495.33	41.57	.128	71.07	5.34
CROSSOVERS/ALL OTH OUTPTNT	2,104	6,120	116,361.21	19.01	.283	55.30	5.38
@COUNTY HOSPITAL TOTAL	17	58	\$ 12,276.84	\$ 211.67	.003	\$ 722.17	\$ .57
CO HOSPITAL INPATIENT TOTAL	2	8	10,490.00	1311.25	.000	5245.00	.48
HSC HOSPITALS	2	8	10,490.00	1311.25	.000	5245.00	.48

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000			.00
ALL OTHER INPATIENT	1.0	50			35.74	.000	.00		.08
CO HOSP OUTPATIENT TOTAL	4	5		1,786.84			111.68		
MEDICAL	4	2		267.19	53.44	.000	66.80		.01
SURGERY	۷ .			70.27	35.14	.000	35.14		.00
PATHOLOGY	5	22		241.91	11.00		48.38		.01
RADIOLOGY	2	5		592.54	118.51	.000	296.27		.03
ROOM USE	6	9		457.29	50.81	.000	76.22		.02
CROSSOVERS/ALL OTH OUTPTNT		7		157.64	22.52	.000	39.41	_	.01
#CALIF DEPT OF HEALTH SERV			JRES M	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	Ρ.	AGE 2,251
MOP024	FEE-FOR-SERVICE		~~			6.0			03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CASH O	GRANT	- DISABLED	AID CODE				
04 045							NTHLY AVERA		
21,645 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,198	22,686	\$	3,947,175.37	\$ 173.99	1.048		\$	
COMM HOSP INPATIENT TOTAL	386 21	1,304		3,205,617.92	2458.30	.060	8304.71		148.10
HSC HOSPITALS	21	157		249,652.50	2458.30 1590.14 2487.05 805.06 667.50	.007	11888.21		11.53
NON-HSC HOSPITALS TOTAL	247 247	1,147		2,852,643.48	2487.05	.053	11549.16		131.79
ACCOMMODATIONS	247	1,147		923,402.71	805.06		3738.47		42.66
ADMINISTRATIVE DAYS	1	14		9,345.00	667.50	.001	9345.00		.43
TRANSITIONAL IP CARE	1 0 247 247	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	247	1,133		914,057.71	806.76	.052	3700.64		42.23
ANCILLARIES	247	0		1,929,240.77		.000	7810.69		89.13
INPATIENT CROSSOVERS	122	0 0 21,382		103,321.94	.00	.000	846.90		4.77
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,044	21,382		741,557.45 241,052.84	34.68	.988	183.37		34.26
MEDICAL	1,595	3,146		241,052.84	76.62	.145	151.13		11.14
SURGERY	358	460		23,507.02	51.10	.021	65.66		1.09
PATHOLOGY	1,543	6,723		79,153.18	11.77	.311	51.30		3.66
RADIOLOGY	1,450	2,171		166,602.80	76.74	.100	114.90		7.70
ROOM USE	1,621	2 <b>,</b> 769		115,038.04	76.74 41.54	.128	70.97		5.31
CROSSOVERS/ALL OTH OUTPINT	2,101	6,113		116,203.57	19.01	.282	55.31		5.37
@STATE HOSPITAL	5	152	\$	106,678.16	\$ 701.83	.007	\$ 21335.63	\$	4.93
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	5	152		106,678.16	701.83	.007	21335.63		4.93
@NURSING FACILITY	70	1,602	\$	212,607.47	\$ 132.71	.074	\$ 3037.25	\$	9.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	1	30		3,759.60	125.32	.001	3759.60		.17
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
IDV D DECILIAR	60	1 570		200 047 07	122.05	073	2026 70		0.65

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@HEMODIALYSIS TOTAL

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HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	26	242	\$	5,373.80	\$	22.21	.011	206.68	\$	.25
HOSPITAL BASED	25	239		5,324.56		22.28	.011	212.98		.25
INDEPENDENT FACILITY	1	3		49.24		16.41	.000	49.24		.00
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	1 361	4,723	\$	59,850.15		12.67	.218			2.77
PATHOLOGY	1 250			-		12.67	.218			2.76
XO AND OTHERS	1,358 3	4,713 10				11 ГГ	.000	38.48		.01
XU AND UTHERS	3			1,005,456.31		11.55				
@ORGANIZED OUTPATIENT CLINIC	/,1/0	11,611	Ş	1,005,456.31	Ş	86.60	.536		Ş	
CLINIC	24	56		2,669.28			.003	111.22		.12
SURGICENTER	0	56 0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	24 0 0 7,150	11,555		.00 1,002,787.03		86.78	.534	140.25		46.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES I	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2				
	FEE-FOR-SERVICE									03/14/05
DEL NORTE COUNTY		•	יידות גל כדי	- DICABIED		AID CODE	60			03/11/03
						AID CODE	MON	מסטנע אנופטא	CF -	
01 645 BLIGTBIRG	Hanna	INTER OF SERVICE	· -		71700	7.CE COCE				
21,645 ELIGIBLES	USERS	UNITS OF SERVIC	. E	EXPENDITURES	AVER					COST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER		CLIGIBLE
@ALL OTHER PROVIDERS	2,584	184 <b>,</b> 249	Ş	600,858.43	Ş			232.53	Ş	
DURABLE MED. EQUIP.	179	949		78 <b>,</b> 931.08			.044			3.65
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	5	5		.00 1,987.54		397.51	.000	397.51		.09
MEDICAL TRANSPORTATION	578	111.510		310,014.80		2.78	5.152	536.36		
AMBII ANCES / ATD TDANS	480	1/ 338		13/ 736 60		9 40	5.152 .662	536.36 280.70		6 22
OMUED MDANC	70	14,550		140 000 04		1 47	4.421	1958.09		6.51
OTHER IRANS	72	93,701		140,902.24		1.47	4.421			
OTHER SERVICES	69	1,4/1		34,295.87 302.77		23.31		497.04		1.58
ACUPUNCTURE	-/	18		302.77		16.82	.001	43.25		.01
ADULT DAY HEALTH CARE CTR	13	249		17,301.08		69.48 105.00 176.55	.012	1330.85 105.00		.80
GENETIC DISEASE TESTING	7	7		735.00		105.00	.000			
IHMC, MODEL-NF, NF, AIDS, MSSP	8	28		4,943.40 277.75 13,915.66		176.55	.001	617.93		.23
OCCUPATIONAL THERAPIST	2.	18		277.75		15.43	.001	138.88		.01
OPTICIAN	553	1.292		13.915.66		10 77	.060	25.16		.64
DUVCTCAT THEDADTCT	217	2 087		30 639 58		14.68	.096	1/1 20		1.42
DODUNDIE V DAV	2 1 /	2,007		30,639.58		.75	.000	141.20 1.50		.00
PORTABLE X-KAI	7.4	110		1.50 32,287.71 32,287.71 .00			.000	1.50		
PROSTHETIST/ORTHOTISTS	34	110		32,287.71		293.52	.005	949.64 949.64		1.49
PROSTHETICS	34	110		32,287.71		293.52	.005	949.64		1.49
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	31	142		4,669.09		32.88	.007	150.62		.22
21,645 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	1	3		376.74		125.58	.000	376.74		.02
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	252	5,988		47,528.06		7.94	.277	188.60		2.20
FDSDT SUPPLEMENTAL SERVICE	0	0,300		0.0		.00	.000			.00
EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	0	0		.00 .00 .00 .00 56,946.67		.00	.000	.00		.00
RESPIRATORI CARE FRACI.	0	0		.00						
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	U	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	888	61,841		56,946.6/		.92	2.857			2.63
@CALIF. CHILDREN SERVICES*	106	2,578	\$	217,097.41		84.21		2048.09		10.03
@XOVER EXCLUDING STATE HOSP**	2 <b>,</b> 225	15 <b>,</b> 326	\$	262,861.10	\$	17.15	.708	118.14	\$	12.14
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	ABOVE							
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT F	REPORT	FOR JAN 3	2004 THRII DE	C 2004	PΖ	AGE 2,253
MOP024	FEE-FOR-SERVICE		JI(110 1		CEI OICI	TOIC OTHER	LOUI IIII(O DI	2001		03/14/05
			J-33	35 40 42 27 - 2M 2D	יזכ סג	314 10-10				00/11/00
DEL NORTE COUNTY	SUMMAKI OF SERV	TOTO FOR COF 30	J-33 .	35 40 42 3A-3M 3P	0K 3U	JW 4C-4G	3.403	IMIIT 1/ 317003	CE	
06 556 555555			~=				MON			
26,556 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						COST PER
		OR DAYS OF CAR	ΚĽ		PER	UNTI'/ DAY	PER ELIG	USER	E	LIGIBLE

@TOTAL, ALL PROVIDERS	14,970	74,332	\$	3,984,771.70	\$	53.61	2.799		266.18		150.05
@PHYSICIANS SERVICES	2,232	4,999	\$	183,794.40	\$	36.77	.188	\$	82.35	\$	6.92
OUTPATIENT VISITS	816	1,031		37,540.01		36.41	.039		46.00		1.41
OFFICE VISITS	693	867		29,719.82		34.28	.033		42.89		1.12
HOME VISITS	1	1		27.49		27.49	.000		27.49		.00
EMERGENCY ROOM	94	109		5,811.17		53.31	.004		61.82		.22
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	4	14		586.43		41.89	.001		146.61		.02
OTHER OUTPATIENT	38	40		1,395.10		34.88	.002		36.71		.05
INPATIENT VISITS	84	221		13,635.32		61.70	.008		162.33		.51
HOSPITAL VISITS	81	195		9,982.88		51.19	.007		123.25		.38
CRITICAL CARE	9	26		3,652.44		140.48	.001		405.83		.14
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	26	29		1,165.70		40.20	.001		44.83		.04
EXAMINATIONS	26	29		1,165.70		40.20	.001		44.83		.04
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	71	206		34,713.27		168.51	.008		488.92		1.31
PRINCIPAL SURGEON	57	70		28 <b>,</b> 977.57		413.97	.003		508.38		1.09
ASSISTANT SURGEON	9	9		2,596.03		288.45	.000		288.45		.10
ANESTHESIOLOGIST	13	127		3 <b>,</b> 139.67		24.72	.005		241.51		.12
OUTPATIENT SURGERY	204	463		41,797.36		90.28	.017		204.89		1.57
PRINCIPAL SURGEON	187	281		38,289.70		136.26	.011		204.76		1.44
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	21	182		3,507.66		19.27	.007		167.03		.13
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	197	318		5,752.91		18.09	.012		29.20		.22
RADIOLOGY	1,052	1,475		30,878.62		20.93	.056		29.35		1.16
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	128	271		2,258.58		8.33	.010		17.65		.09
OTHER SERVICES/ALL X-OVERS	278	985		16,052.63		16.30	.037		57.74		.60
@PHARMACY	6,963	21,879	\$	964,833.78	\$	44.10	.824	\$	138.57	\$	36.33
PRESCRIPTION DRUGS	6,921	16,764		950,132.95		56.68	.631		137.28		35.78
SNF/ICF	, 0	. 0		.00		.00	.000		.00		.00
OUTPATIENTS	6,921	16,764		950,132.95		56.68	.631		137.28		35.78
MEDICAL SUPPLIES	149	5,115		14,700.83		2.87	.193		98.66		.55
@DENTIST	344	2,466	\$	90,367.97	\$		.093	\$	262.70	\$	3.40
VISITS - DIAGNOSTIC	268	1,245		21,438.70		17.22	.047		80.00	·	.81
ORAL SURGERY	88	364		23,414.75		64.33	.014		266.08		.88
DRUGS	3	4		.00		.00	.000		.00		.00
ANESTHESIA	25	25		2,400.00		96.00	.001		96.00		.09
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.00
ENDODONTICS	41	90		9,071.00		100.79	.003		221.24		.34
RESTORATIVE DENTISTRY	115	519		26,600.25		51.25	.020		231.31		1.00
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	12	26		5,308.27		204.16	.001		442.36		.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	6	6		300.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	17	19		1,450.00		76.32	.001		85.29		.05
ALL OTHER SERVICES	19	166		300.00		1.81	.006		15.79		.01
#CALIF DEPT OF HEALTH SERV			IRES N	MONTH-OF-PAYMENT R	EPOR'			EC		PA	AGE 2,254
MOP024	FEE-FOR-SERVICE							-			03/14/05
DEL NORTE COUNTY			-33 3	35 40 42 3A-3M 3P	3R 3	U 3W 4C-4G					
							MO	NTH	LY AVERA	GE -	
26,556 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS				COST PER
-,	3.3—3.3	OR DAVS OF CAR					DER FLIC				TITCIBLE

PER UNIT/DAY PER ELIG USER

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OR DAYS OF CARE

@OPTOMETRIST	412	1,064	\$	23,843.20	\$	22.41	.040	\$	57.87	\$	.90
DIAGNOSTIC AND ANC. PROCED	292	338		13,027.65		38.54	.013		44.62		.49
EYE APPLIANCES	271	726		10,815.55		14.90	.027		39.91		.41
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	106	178	\$	2,930.18	\$	16.46	.007	\$		\$	.11
VISITS	106	178		2,930.18	·	16.46	.007	·	27.64		.11
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	51	71	\$	2,726.02	\$	38.39	.003	Ś	53.45	Ś	.10
MEDICINE/INJECTIONS	49	61	'	2,238.48		36.70	.002		45.68		.08
SURGERY/ANES.	3	3		210.35		70.12	.000		70.12		.01
RADIO./PATHOLOGY	3	5		86.50		17.30	.000		28.83		.00
OTHER	1	2		190.69		95.35	.000		190.69		.01
@HOME HEALTH AGENCY	14	68	Ś	4,302.85	\$	63.28	.003	Ś	307.35	Ś	.16
NURSE ANESTHESIST	165	922	Ś	16,476.69	\$		.035	\$	99.86	\$	.62
NURSE MIDWIFE	66	134	Š	23,135.85	\$		.005		350.54	\$	.87
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	3	3	¢	74.22	\$	24.74	.000		24.74	\$	.00
@TOTAL HOSPITAL	3 <b>,</b> 607	18,389	\$	1,508,091.87	\$		.692		418.10		56.79
HOSP INPATIENT TOTAL	174	563	Ÿ	921,150.35	Y	1636.15	.021	Y	5293.97	Ÿ	34.69
	16	60				1605.82	.002		6021.81		34.69
HSC HOSPITALS	157			96,349.00							
NON-HSC HOSPITAL TOTAL	157	503		823,925.35		1638.02	.019		5247.93		31.03
ACCOMMODATIONS		503		337,571.55		671.12	.019		2150.14		12.71
ADMINISTRATIVE DAYS	1 0	2		231.30		115.65	.000		231.30		.01
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	157	501		337,340.25		673.33	.019		2148.66		12.70
ANCILLARIES	157	0		486,353.80		.00	.000		3097.79		18.31
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,513	17,826		586,941.52		32.93	.671		167.08		22.10
MEDICAL	1,902	2,631		154,757.16		58.82	.099		81.37		5.83
SURGERY	403	532		29,885.41		56.18	.020		74.16		1.13
PATHOLOGY	1,334	4,844		61,552.23		12.71	.182		46.14		2.32
RADIOLOGY	1,209	1,648		105,698.64		64.14	.062		87.43		3.98
ROOM USE	2,250	3,262		128,349.91		39.35	.123		57.04		4.83
CROSSOVERS/ALL OTH OUTPTNT	1,632	4,909		106,698.17		21.74	.185		65.38		4.02
@COUNTY HOSPITAL TOTAL	3	24	\$	754.42	\$	31.43	.001	\$	251.47	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	24		754.42		31.43	.001		251.47		.03
MEDICAL	2	2		145.71		72.86	.000		72.86		.01
SURGERY	1	2		61.20		30.60	.000		61.20		.00
PATHOLOGY	1	8		146.91		18.36	.000		146.91		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	6		334.66		55.78	.000		111.55		.01
CROSSOVERS/ALL OTH OUTPINT	1	6		65.94		10.99	.000		65.94		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPOR		04 THRU	DEC	2004	PA	GE 2,255
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P 3	3R 3	U 3W 4C-4G					

26,556 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3 <b>,</b> 605	18 <b>,</b> 365	\$ 1,507,337.45	\$ 82.08	.692	\$ 418.12	\$ 56.76
COMM HOSP INPATIENT TOTAL	174	563	921,150.35	1636.15	.021	5293.97	34.69
HSC HOSPITALS	16	60	96,349.00	1605.82	.002	6021.81	3.63
NON-HSC HOSPITALS TOTAL	157	503	823,925.35	1638.02	.019	5247.93	31.03
ACCOMMODATIONS	157	503	337,571.55	671.12	.019	2150.14	12.71
ADMINISTRATIVE DAYS	1	2	231.30	115.65	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	157	501	337,340.25	673.33	.019	2148.66	12.70
ANCILLARIES	157	0	486,353.80	.00	.000	3097.79	18.31
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,511	17 <b>,</b> 802	586,187.10	32.93	.670	166.96	22.07
MEDICAL	1,900	2,629	154,611.45	58.81	.099	81.37	5.82
SURGERY	402	530	29,824.21	56.27	.020	74.19	1.12
PATHOLOGY	1,334	4,836	61,405.32	12.70	.182	46.03	2.31
RADIOLOGY	1,209	1,648	105,698.64	64.14	.062	87.43	3.98
ROOM USE	2,248	3 <b>,</b> 256	128,015.25	39.32	.123	56.95	4.82
CROSSOVERS/ALL OTH OUTPTNT	1,632	4,903	106,632.23	21.75	.185	65.34	4.02
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	20	151	\$	3,369.24	\$	22.31	.006	\$	168.46	\$	.13
HOSPITAL BASED	20	151		3,369.24		22.31	.006		168.46		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	876	2 <b>,</b> 537	\$	36,334.85	\$	14.32	.096	\$	41.48	\$	1.37
PATHOLOGY	876	2 <b>,</b> 537		36,334.85		14.32	.096		41.48		1.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6 <b>,</b> 954	9 <b>,</b> 625	\$	1,004,387.77	\$	104.35	.362	\$	144.43	\$	37.82
CLINIC	33	118		4,763.39		40.37	.004		144.35		.18
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6 <b>,</b> 926	9 <b>,</b> 507		999,624.38		105.15	.358		144.33		37.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 2,256
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 3t	J 3W 4C-40	3				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 26,556 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,016 120,102.81 @ALL OTHER PROVIDERS 11,846 10.14 .446 \$ 118.21 \$ 4.52 DURABLE MED. EQUIP. 25 32 2,468.05 77.13 .001 98.72 .09 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 0 .00 .000 .00 .00 153 57,348.44 MEDICAL TRANSPORTATION 4,116 13.93 .155 374.83 2.16 153 299.63 AMBULANCES/AIR TRANS 4,104 45,843.80 11.17 .155 .00 .00 OTHER TRANS 0 .00 .000 .00 12 OTHER SERVICES 12 11,504.64 958.72 .000 958.72 .43 32.44 ACUPUNCTURE 64.88 16.22 .000 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 3,255.00 105.00 GENETIC DISEASE TESTING 31 105.00 .001 .12 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 255 541 4,618.41 8.54 .020 18.11 .17 15.75 104.34 PHYSICAL THERAPIST 616 9,703.82 .023 0 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 170.87 PROSTHETIST/ORTHOTISTS 17 30 2,904.72 .001 96.82 .11 30 2,904.72 96.82 170.87 PROSTHETICS .001 ORTHOTICS 0 .00 .00 .000 .00 0 .00 PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 5,077.96 40.30 112.84 SPEECH AND AUDIOLOGY 126 .005 .19 .00 HOSPICE SERVICES .00 .00 .000 .00 NONINST BIRTHING CENTERS Ω 0 .00 .00 .00 .000 .00 2,737 31,920.10 LOCAL EDUCATION AGENCIES 11.66 .103 90.68 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .00 .000 Ω .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 ALL OTHER PROVIDERS 3,613 2,741.43 .76 .136 44.94 .10 @CALIF. CHILDREN SERVICES\* 375 76,717.76 204.58 2.89 .014 \$ 1345.93 \$ @XOVER EXCLUDING STATE HOSP\*\* 1,021.73 68.12 510.87 \$ .001 \$ .04

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,257 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

E0 7E0 BLIGHBIRG	HOEDO	INITES OF SERVICE		317D3 CD COCH		NIUTI WATUW	
50,752 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	36,864	OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@TOTAL, ALL PROVIDERS	36,864	579,745 \$	• •	\$ 32.01	11.423	\$ 503.40	
@PHYSICIANS SERVICES	6,568	17,097 \$	•	\$ 37.04	.337		•
OUTPATIENT VISITS	2,039	2 <b>,</b> 750	98,962.44	35.99	.054	48.53	1.95
OFFICE VISITS	1,757	2 <b>,</b> 337	79,431.47	33.99	.046	45.21	1.57
HOME VISITS	3	3	71.59	23.86	.000	23.86	.00
EMERGENCY ROOM	221	278	15,470.41	55.65	.005	70.00	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	31	858.80	27.70 30.99	.001	85.88	.02
OTHER OUTPATIENT	92	101	3,130.17	30.99	.002	34.02	.06
INPATIENT VISITS	249	935	57,673.79	61.68	.018	231.62	1.14
HOSPITAL VISITS	229	737	34,063.44	46.22	.015	148.75	.67
CRITICAL CARE	25	179	22,760.55	127.15	.004	910.42	.45
SNF/ICF/TRANS IP CARE	16	19	849.80	11 73	.000	53.11	.02
OPHTHALMOLOGICAL SERVICES	145	184	7,342.92	44.73 39.91	.004	50.64	.14
	145	184	7,342.92	39.91	.004	50.64	.14
EXAMINATIONS	145	0		39.91	.004		
SERVICES AND MATERIALS			.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	212	1,094	111,817.01	102.21	.022	527.44	2.20
PRINCIPAL SURGEON	165	229	91,561.41	399.83	.005	554.92	1.80
ASSISTANT SURGEON	25	24	5,435.10	102.21 399.83 226.46 17.62 113.07 166.62	.000	217.40	.11
ANESTHESIOLOGIST	50	841	14,820.50	17.62	.017	296.41	.29
OUTPATIENT SURGERY	556	1,184	133,877.23	113.07	.023	240.79	2.64
PRINCIPAL SURGEON	523	754	125,629.49	166.62	.015	240.21	2.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	48	430	8,247.74	19.18	.008	171.83	.16
DIALYSIS	14	53	4,019.40	75.84	.001	287.10	.08
PATHOLOGY	557	968	16,913.43	17.47	.019	30.37	.33
RADIOLOGY	2,413	3,878	91,605.09	23.62	.076	37.96	1.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	198	495	17,023.82			85.98	.34
OTHER SERVICES/ALL X-OVERS	2,115	5 <b>,</b> 556	94,088.02	34.39 16.93	.109	44.49	1.85
@PHARMACY	23,399	269,266 \$	8,622,511.72	\$ 32.02	5.306		
PRESCRIPTION DRUGS	23,090	85 <b>,</b> 688	8,440,934.98	9 52.02	1.688	365.57	166.32
		1,672	161,839.09	90.31	.033	1116.13	3.19
SNF/ICF OUTPATIENTS	22 062	84,016	8,279,095.89	90.79	1.655	360.54	163.13
OUTPATIENTS	42 <b>,</b> 903	183,578	181,576.74	90.34	3.617		3.58
MEDICAL SUPPLIES	145 22,963 1,630 717		101,376.74	34.39 16.93 \$ 32.02 98.51 96.79 98.54 .99 \$ 42.70 16.42	3.017	111.40	
C	717 530	4,225 \$	180,406.89	\$ 42.70	.083	\$ 251.61	•
VISITS - DIAGNOSTIC		2,052	33,696.60	16.42	.040	63.58	.66
ORAL SURGERY	164	866	50,849.75	38.72	.01/	310.06	1.00
DRUGS	5	7	.00	.00	.000	.00	.00
ANESTHESIA	57	57	5,600.00	98.25	.001	98.25	.11
PERIODONTICS	6 55	6	363.00	60.50	.000	60.50	.01
ENDODONTICS		125		124.54	.002	283.05	.31
RESTORATIVE DENTISTRY	183	694	35 <b>,</b> 294.25	50.86	.014	192.86	.70
PROSTHETICS	5	5	170.00	34.00	.000	34.00	.00
DENTURES, STAYPLATES	96	177	36,645.29	207.04	.003	381.72	.72
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	8	8	400.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	20	22	1,520.00	69.09	.000	76.00	.03
ALL OTHER SERVICES	29	206	300.00	1.46	.004	10.34	.01
011111 011111010	2 7	200	300.00	± • ± 0	• 0 0 1	10.01	• • -

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,258 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

50 750 DITGIDIDO							M				
50,752 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@OPTOMETRIST	1,070	2,833	\$		\$		.056			\$	
DIAGNOSTIC AND ANC. PROCED	634	720		28 <b>,</b> 054.74		38.96	.014		44.25		.55
EYE APPLIANCES	777	2,094		34 <b>,</b> 458.90		16.46	.041		44.35		.68
OTHER OPTOMETRIC SERVICES	20	19		709.29		37.33	.000		35.46		.01
EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	319	586	\$	34,458.90 709.29 9,606.93 9,325.58 281.35	\$	16.39	.012	\$	30.12	\$	.19
VISITS	305	563		9,325.58		16.56	.011		30.58		.18
OTHER SERVICES	14	23		281.35		12.23	.000		20.10		.01
@PODIATRIST	246	348	\$	8,474.08	Ś	24.35	.007	Ś		Ś	.17
MEDICINE/INTECTIONS	137	166	7	5,386.98	т.	32.45	.003	7	39.32	т.	.11
SURGERY / ANES	3	3		210.35		70.12	.000		70.12		.00
PARTO /PATHOLOCY	9								30.57		.01
OTHER	100	163		2 601 66		15 06	.003		23.87		.05
OTHER OPTOMETRIC SERVICES  ©CHIROPRACTOR  VISITS  OTHER SERVICES  ©PODIATRIST  MEDICINE/INJECTIONS  SURGERY/ANES.  RADIO./PATHOLOGY  OTHER  ©HOME HEALTH AGENCY  NURSE ANESTHESIST  NURSE MIDWIFE  PEDIATRIC NURSE PRACTITIONER	109	103	Ċ	2,001.00	Ċ	13.90	.003	ċ	574.03		
@HOME HEALTH AGENCY	31	/ 0 /	ې د	32,236.32	Ş	00.10	.015	ې د			
NURSE ANESTHESIST	330	1,/11	Þ	32,346.92	۶	18.91	.034	Ş	98.02		
NURSE MIDWIFE	80	161	Ş	2/,/81.51	Ş	1/2.56	.003		347.27	Ş	.55
PEDIATRIC NURSE PRACTITIONER	1	1	Ş	57.20	Ş	57.20	.000		57.20		.00
FAMILY NURSE PRACTITIONER	6	6	\$	167.83	\$	27.97	.000	\$	27.97		.00
@TOTAL HOSPITAL	8 <b>,</b> 029	41,704	\$	5,527,142.40	\$	132.53	.822	\$		\$	108.90
HOSP INPATIENT TOTAL	602	1,888		4,185,644.63		2216.97	.037		6952.90		82.47
HSC HOSPITALS	40	233		364,681.63		1565.16	.005 .033		9117.04		7.19
NON-HSC HOSPITAL TOTAL	405	1,655		3,682,934.98		2225.34	.033		9093.67		72.57
ACCOMMODATIONS	405	1,655 1,655		1,263,774.16		763.61	.033		3120.43		24.90
ADMINISTRATIVE DAYS	2	. 16		275.09 2,601.66 52,236.52 32,346.92 27,781.51 57.20 167.83 5,527,142.40 4,185,644.63 364,681.63 3,682,934.98 1,263,774.16 9,576.30		598.52	.033		4788.15		.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	405	1,639		1,254,197.86		765.22	.000 .032 .000		3096.78		24.71
ANCTILARTES	405	_, 0		2,419,160.82		0.0	000		5973.24		47.67
INPATIENT CROSSOVERS	161	0		138,028.02		0.0	000		857 32		2.72
ALL OTHER INDATIENT	101	0		.00		00	000		007.02		.00
HOSD CHEDATIENT TOTAL	7 766	0 0 0 39,816 5,798		1,341,497.77		33 60	785		857.32 .00 172.74 113.12 70.07 48.92 102.34 62.90 59.12		26.43
MEDICAL	7,700	5 700		396,935.61		60 16	111		112 12		7.82
GLDCEDY	J, JU9	995		590,933.01		50.40	.114		70.07		1.05
SURGERI	764	995		53,530.03		10.16	.020		10.07		
PATHOLOGY	2,889	11,624		141,337.92		12.16	.229		48.92		2.78
RADIOLOGY	2,670	3,837 6,057		2/3,236.88		/1.21	.076		102.34		5.38
ROOM USE	3,888	6,05/		244,540.00		40.37	.119		62.90		4.82
NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER  ©TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  ©COUNTY HOSPITAL TOTAL	3,923	3,837 6,057 11,505 82 8 8 0 0		396,935.61 53,530.03 141,337.92 273,236.88 244,540.00 231,917.33 13,031.26 10,490.00		598.52 .00 765.22 .00 .00 .33.69 68.46 53.80 12.16 71.21 40.37 20.16 158.92 1311.25	.227				4.57
@COUNTY HOSPITAL TOTAL	20	82	\$	13,031.26	\$	158.92	.002	\$	651.56	\$	.26
CO HOSPITAL INPATIENT TOTAL	2	8		10,490.00		1311.25	.000		5245.00		.21
HSC HOSPITALS	2	8		10,490.00			.000		5245.00		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0 0 0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		0.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		0.0		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3,923 20 2 2 0 0 0 0 0 0 0	74		.00 .00 2,541.26		34.34	.001		.00 133.75 68.82		.05
MEDICAL	6	7		412.90		58.99	.000		400.70		.01
	3	4		131.47		32.87	.000		43.82		.00
SURGERY	3 6	30							10.02		
PATHOLOGY	6	30		388.82		12.96	.001		64.80		.01

 
 592.54
 118.51
 .000
 296.27
 .01

 791.95
 52.80
 .000
 87.99
 .02
 2 5 RADIOLOGY 9 15 ROOM USE 17.20 13 223.58 .000 44.72 .00 5 CROSSOVERS/ALL OTH OUTPINT PAGE 2,259 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR CASH GRANT	- TOTAL				
					MON		E
50,752 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,012	41,622 \$	5,514,111.14		.820 \$		
COMM HOSP INPATIENT TOTAL	600	1,880	4,175,154.63	2220.83	.037	6958.59	82.27
HSC HOSPITALS	38	225	354,191.63	1574.19	.004	9320.83	6.98
NON-HSC HOSPITALS TOTAL	405	1,655	3,682,934.98	2225.34	.033	9093.67	72.57
ACCOMMODATIONS	405	1,655	1,263,774.16	763.61	.033	3120.43	24.90
ADMINISTRATIVE DAYS	2	16	9,576.30	598.52	.000	4788.15	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	405	1.639	1,254,197.86	765.22	.032	3096.78	24.71
COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT	405	1,033 16 0 1,639 0 0 0 39,742	3,682,934.98 1,263,774.16 9,576.30 .00 1,254,197.86 2,419,160.82 138,028.02 .00 1,338,956.51 396,522.71 53,398.56 140,949.10 272,644.34 243,748.05 231,693.75	.00	.000	5973.24	47.67
INPATIENT CROSSOVERS	161	0	138.028.02	. 0.0	.000	857.32	2.72
ALL OTHER INPATIENT	0	0	.00	.00	. 000	. 00	.00
COMM HOSP OUTPATIENT TOTAL	7 750	39 742	1 338 956 51	33 69	.783	172 77	26.38
MEDICAL	3,503	5,791	396 522 71	68 47	.114	172.77 113.20	7.81
SURGERY	761	991	53 398 56	53 88		70.17	1.05
PATHOLOGY	761 2,885	11,594	140 949 10	12 16	.228	48.86	2.78
RADIOLOGY	2,668	3,832	272 644 34	71 15	.076	102.19	5.37
ROOM USE	3,882	6,042	2/2,044.34	10 31	.119	62.79	4.80
	3,002	11,492	231,693.75	20.16	.226	59.11	4.57
CROSSOVERS/ALL OTH OUTPINT	3,920	152 \$	106,678.16	20.10 c 701.00		21335.63	
@STATE HOSPITAL	5	152 \$	100,678.16	۶ /U1.83 00	·		•
MENTALLY ILL	U	•	.00		.000	.00	.00
DEVELOP. DISABLED	5	152	106,678.16	701.83	.003	21335.63	2.10
@NURSING FACILITY	110	2,499 \$	346,591.26			3150.83	
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  @INTERMEDIATE CARE FACILDD  ICF DDH  ICF DD  ICF DDN/DDCN  @HEMODIALYSIS TOTAL  HOSPITAL BASED  HEMODIALYSIS CENTER  @REHABILITATION FACILITY  HOSPITAL BASED  INDEPENDENT FACILITY  @LABORATORY FACILITY  PATHOLOGY	0	0 30 0 0 0 0 2,469	.00 3,759.60	.00	.000	.00	.00
LEV B-REHAB MD	1	30		125.32	.001	3759.60	.07
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00 342,831.66	.00	.000	.00	.00
LEV B-REGULAR	109	2,469	342,831.66	138.85	.049	3145.24	6.76
@INTERMEDIATE CARE FACILDD	0	0 \$ 0 0 0 401 \$ 7 394 393 \$ 390 3	.00	\$ .00	.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	401 \$	.00 48,868.62 279.06	\$ 121.87	.008 \$		\$ .96
HOSPITAL BASED	1	7	279.06	39.87	.000	279.06	.01
HEMODIALYSIS CENTER	53	394	48,589.56	123.32	.008	916.78	.96
@REHABILITATION FACILITY	46	393 \$	8,743.04	\$ 22.25	.008 \$	190.07	\$ .17
HOSPITAL BASED	45	390	8,693.80	22.29	.008	193.20	.17
INDEPENDENT FACILITY	1	3	49.24	16.41	.000	49.24	.00
@LABORATORY FACILITY	2,264	7 <b>,</b> 306 \$	96,680.51	\$ 13.23	.144 \$	42.70	\$ 1.90
PATHOLOGY	2,259	7,287	96,538.95	13.25	.144	42.74	1.90
IIO AND OFFIEDS	_	19	141.56	7.45	.000	28.31	.00
@ORGANIZED OUTPATIENT CLINIC	14.560	21,863 \$		\$ 93.32			
CLINIC	57	174	7,432.67	42.72	.003	130.40	.15
SURGICENTER	1	1	8.52	8.52	.000	8.52	.00
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	Û	0	.00	.00	.000	.00	.00
DIDVI DEVIAD CLIMIC	1/1 512	21,688	2,032,772.45	93.73	.427	140.08	40.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CERUTCEC	ZI,000	Z,UJZ, //Z.43				
#CVTIL DEEL OF UDVTIU SEKA	MEDI-CHT SEVAICES	WIND EVERNATIONES I	TONIH-OF-FAIMENT KI	LICKI FOR UAN .	ZUU4 INKU DE	C 2004	FAGE 2,200

DEL NORTE COUNTI	DOMMANT OF DEN	VICES FOR CASH GRANT	IOIAL				
					MON	THLY AVERA	GE
50,752 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3 <b>,</b> 971	208,426 \$	752,107.74	\$ 3.61	4.107 \$	189.40	\$ 14.82
DURABLE MED. EQUIP.	216	1,010	90,971.66	90.07	.020	421.17	1.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	9	3,964.06	440.45	.000	440.45	.08
MEDICAL TRANSPORTATION	749	116,007	370,694.35	3.20	2.286	494.92	7.30
AMBULANCES/AIR TRANS	638	18,543	182,118.65	9.82	.365	285.45	3.59
OTHER TRANS	76	95,935	141,404.60	1.47	1.890	1860.59	2.79
OTHER SERVICES	91	1,529	47,171.10	30.85	.030	518.36	.93
ACUPUNCTURE	9	22	367.65	16.71	.000	40.85	.01
ADULT DAY HEALTH CARE CTR	13	249	17,301.08	69.48	.005	1330.85	.34
GENETIC DISEASE TESTING	38	38	3,990.00	105.00	.001	105.00	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	8	28	4,943.40	176.55	.001	617.93	.10
OCCUPATIONAL THERAPIST	2	18	277.75	15.43	.000	138.88	.01
OPTICIAN	870	1,981	21,950.67	11.08	.039	25.23	.43
PHYSICAL THERAPIST	310	2,703	40,343.40	14.93	.053	130.14	.79
PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	52	146	36,119.17	247.39	.003	694.60	.71
PROSTHETICS	52	146	36,119.17	247.39	.003	694.60	.71
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	81	273	10,849.87	39.74	.005	133.95	.21
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	604	8 <b>,</b> 725	79 <b>,</b> 448.16	9.11	.172	131.54	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,230	77,212	70,508.28	.91	1.521	57.32	1.39
@CALIF. CHILDREN SERVICES*	179	3 <b>,</b> 159	\$ 310,310.25	\$ 98.23	.062	\$ 1733.58	\$ 6.11
@XOVER EXCLUDING STATE HOSP**	2,942	18,199	\$ 359,341.08	\$ 19.75	.359	\$ 122.14	\$ 7.08

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,261 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOPU24	FEE-FOR-SERVIC										03/14/03
DEL NORTE COUNTY	SUMMARY OF SER	ICES FOR	185% P	ROGRAM	- INFANTS	AID (	CODES 47				
									NTHLY AVERA		
305 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	E.				PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	136		367	\$	45 <b>,</b> 133.76	\$	122.98	1.203	\$ 331.87	\$	147.98
@PHYSICIANS SERVICES	18		64	\$	4,063.04	\$	63.49	.210	\$ 225.72	\$	13.32
OUTPATIENT VISITS	9		12		333.18		27.77	.039	37.02		1.09
OFFICE VISITS	8		11		287.46		26.13	.036	35.93		.94
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	1		1		45.72		45.72	.003	45.72		.15
INPATIENT VISITS	1		8		920.45		115.06	.026	920.45		3.02
HOSPITAL VISITS	1		7		502.75		71.82	.023	502.75		1.65
CRITICAL CARE	1		1		417.70		417.70	.003	417.70		1.37
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.003	.00		.00
	0		0		.00		.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0		0		.00						.00
EXAMINATIONS	0		0				.00	.000	.00		.00
SERVICES AND MATERIALS	-		-		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2		11		2,114.87		192.26	.036	1057.44		6.93
PRINCIPAL SURGEON	1		2		1,744.37		872.19	.007	1744.37		5.72
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1		9		370.50		41.17	.030	370.50		1.21
OUTPATIENT SURGERY	1		10		455.45		45.55	.033	455.45		1.49
PRINCIPAL SURGEON	1		1		155.61		155.61	.003	155.61		.51
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1		9		299.84		33.32	.030	299.84		.98
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	2		2		15.88		7.94	.007	7.94		.05
RADIOLOGY	4		4		49.82		12.46	.013	12.46		.16
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	5		16		92.00		5.75	.052	18.40		.30
OTHER SERVICES/ALL X-OVERS	1		1		81.39		81.39	.003	81.39		.27
@PHARMACY	48		76	\$	1,206.88	\$	15.88	.249	\$ 25.14	\$	3.96
PRESCRIPTION DRUGS	48		76		1,206.88		15.88	.249	25.14		3.96
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	48		76		1,206.88		15.88	.249	25.14		3.96
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000		\$	.00
VISITS - DIAGNOSTIC	0		0	τ	.00	т	.00	.000	.00	т	.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
PERIODONTICS	0		0		.00		.00	.000	.00		.00
ENDODONTICS	0		-								
RESTORATIVE DENTISTRY	•		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00

DENTURES, STAYPLATES	0		0			.00	.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00	.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI	PENDITU	RES MONT	TH-OF-PAYME	NT RE	PORT FOR JAN	2004 THRU 1	DEC	2004	PZ	AGE 2,262
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	185% PI	ROGRAM -	- INFANTS		AID CODES 47	69				
								MO	TNC	HLY AVERA	GE -	
305 ELIGIBLES	USERS	UNITS OF	SERVICE	Ε	EXPENDITU	RES	AVERAGE COST	UNITS/DAY:	3	COST PER	(	COST PER
		OR DAYS	OF CAR	Ε			PER UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@OPTOMETRIST	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00	.00	.000		.00		.00
EYE APPLIANCES	0		0			.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0		0			.00	.00	.000		.00		.00
OTHER SERVICES	0		0			.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0			.00	.00	.000		.00		.00
SURGERY/ANES.	0		0			.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00	.00	.000		.00		.00
OTHER	0		0			.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		.00	\$ .00	.000	\$	.00	\$	.00
EXMITY MUDGE DDACHTHOMED	$\wedge$		^	Ċ		$\cap \cap$	Ċ 00	000	~	0.0	Ċ	0.0

DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	22	80	\$ 24,671.29	\$ 308.39	.262	\$ 1121.42	\$ 80.89
HOSP INPATIENT TOTAL	2	9	17,731.32	1970.15	.030	8865.66	58.14
HSC HOSPITALS	1	7	11,963.00	1709.00	.023	11963.00	39.22
NON-HSC HOSPITAL TOTAL	1	2	5,768.32	2884.16	.007	5768.32	18.91
ACCOMMODATIONS	1	2	2,101.98	1050.99	.007	2101.98	6.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	2,101.98	1050.99	.007	2101.98	6.89
ANCILLARIES	1	0	3,666.34	.00	.000	3666.34	12.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21	71	6 <b>,</b> 939.97	97.75	.233	330.47	22.75
MEDICAL	17	19	1,212.51	63.82	.062	71.32	3.98
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	344.81	22.99	.049	57.47	1.13
RADIOLOGY	6	9	4,617.33	513.04	.030	769.56	15.14
ROOM USE	17	20	658.01	32.90	.066	38.71	2.16
CROSSOVERS/ALL OTH OUTPTNT	7	8	107.31	13.41	.026	15.33	.35
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MONT	H-OF-PAYMENT RE			C 2004	PAGE 2,263
MOP024	FEE-FOR-SERVICE		01 11111111111111111111111			0 2001	03/14/05
DEL NORTE COUNTY		ICES FOR 185% PROGRAM -	- INFANTS	AID CODES 47	69		00, 11, 00
BEE NOME COOMIT	0011111111		111111110	1115 00520 17	MON'	THLY AVERAG	Ε
305 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	22	80 \$		\$ 308.39	.262 \$	1121.42	\$ 80.89
COMM HOSP INPATIENT TOTAL	2	9	17,731.32	1970.15 1709.00	.030	8865.66	58.14
HSC HOSPITALS	1	7	11,963.00	1709.00	.023	11963.00	39.22
NON-HSC HOSPITALS TOTAL	1	2	5,768.32	2884.16	.007	5768.32	18.91
ACCOMMODATIONS	_ 1	2 2 0 0 2	2,101.98	2884.16 1050.99	.007	2101.98	6.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	2 101 98	1050.99	.007	2101.98	6.89
ANCILLARIES	± 1	0	3,666.34	.00	.000	3666.34	12.02
INPATIENT CROSSOVERS	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0 0 71	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	71	6 <b>,</b> 939.97	.00 97.75	.233	330.47	22.75
MEDICAL	0 21 17	19	1,212.51	63.82		71.32	3.98
SURGERY	0	0	.00	.00	.000	.00	.00
	6	15	344.81		.049	57.47	1.13
PATHOLOGY	6	9		22.99			
RADIOLOGY			4,617.33	513.04	.030	769.56	15.14
ROOM USE	17 7	20	658.01	32.90	.066	38.71	2.16
CROSSOVERS/ALL OTH OUTPINT		8	107.31	13.41	.026	15.33	.35
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE	U	0 \$	.00	\$ .00	.000 \$		•
MENTALLY ILL	U	0	.00	.00	.000		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$ .00	.000 \$		
LEV A-INTERMEDIATE	O	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		•
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	6 \$	69.94	\$ 11.66	.020 \$	13.99	\$ .23
PATHOLOGY	5	6	69.94	11.66	.020	13.99	.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	102	139 \$	14,104.68	\$ 101.47	.456 \$	138.28	\$ 46.24
CLINIC	2	2	177.26	88.63	.007	88.63	.58
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	100	137	13.927.42	101.66	. 449	139.27	45.66
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 2 264
	FEE-FOR-SERVICE			DIORT TOR OTH	ZOOT THING DE	C 2001	03/14/05
DEL NORTE COUNTY		ICES FOR 185% PROGRAM	TNEANDC	ATD CODEC 47	60		03/14/03
DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR 103% PROGRAM	- INFANIS	AID CODES 47		mii	GE
205 51 53 53	Hanna						
305 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				
_		OR DAYS OF CARE		PER UNIT/DAY		USER	
@ALL OTHER PROVIDERS	1	2 \$	1,017.93		•	1017.93	•
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0	0	.00	.00	000	0.0	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	Ô	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
THMC MODEL-NE NE AIDS MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL TUEDADIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
OFICIAN	0	0		.00		.00	.00
PODEADIE V DAV	0	0	.00		.000		
PORTABLE X-KAI	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE  ACUPUNCTURE  ADULT DAY HEALTH CARE CTR  GENETIC DISEASE TESTING  IHMC, MODEL-NF, NF, AIDS, MSSP  OCCUPATIONAL THERAPIST  OPTICIAN  PHYSICAL THERAPIST  PORTABLE X-RAY  PROSTHETIST/ORTHOTISTS  PROSTHETICS  ORTHOTICS  PSYCHOLOGIST  SPEECH AND AUDIOLOGY  HOSPICE SERVICES  NONINST BIRTHING CENTERS  LOCAL EDUCATION AGENCIES  EPSDT SUPPLEMENTAL SERVICE  RESPIRATORY CARE PRACT.  PED SUBACUTE REHAB/WEANING  ALL OTHER PROVIDERS	U		.00	.00	.000	.00	.00
PROSTHETICS	U	0	.00	.00		.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	1,017.93	508.97		1017.93	3.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	44 \$	21,081.53	\$ 479.13	.144 \$	5270.38	\$ 69.12
@XOVER EXCLUDING STATE HOSP*	* 0	0 \$	.00	\$ .00		.00	
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR						
THE AMOUNTS ARE ALREADY I							
** THESE DATA ARE INCLUDED							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2004 THRII DE	C 2004	PAGE 2.265
MOP024	FEE-FOR-SERVICE		III OI IIIIIIIIII IX	DIONI ION OIN	ZOOT THING DE	C 2001	03/14/05
		ICES FOR 185% PROGRAM	- DRECNANT A	ID CODES 44 48	1 Q		03/14/03
DEE NORTE COONTI	SOMMAN OF SERV	ICES FOR 105% INOGRAM	INDONANI A	TO CODED 44 40	MON	תמוע אוודם	CF
367 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
201 FILGIBLES	OSEKS	OR DAYS OF CARE	EVLENDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	324	2,966 \$	179,061.44		8.082 \$		
- •		•			.365 \$		
@PHYSICIANS SERVICES	69 9	134 \$	10,823.91	\$ 80.78	·		
OUTPATIENT VISITS		17	1,229.25	72.31	.046	136.58	3.35
OFFICE VISITS	4	5	227.03	45.41	.014	56.76	.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.003	108.08	.29

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	11	894.14	81.29	.030	223.54	2.44
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	8	248.46	31.06	.022	62.12	.68
HOSPITAL VISITS	4	8	248.46	31.06	.022	62.12	.68
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	17	4,406.86	259.23	.046	440.69	12.01
PRINCIPAL SURGEON	9	10	4,210.33	421.03	.027	467.81	11.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	196.53	28.08	.019	196.53	.54
OUTPATIENT SURGERY	5	10	1,828.45	182.85	.027	365.69	4.98
PRINCIPAL SURGEON	4	4	1,664.50	416.13	.011	416.13	4.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	163.95	27.33	.016	163.95	.45
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	9	398.20	44.24	.025	49.78	1.09
RADIOLOGY	43	60	1,792.94	29.88	.163	41.70	4.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	13	919.75	70.75	.035	131.39	2.51
@PHARMACY	75	173	\$ 6,550.26	\$ 37.86	.471	\$ 87.34	\$ 17.85
PRESCRIPTION DRUGS	72	153	5,513.90	36.04	.417	76.58	15.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	72	153	5,513.90	36.04	.417	76.58	15.02
MEDICAL SUPPLIES	6	20	1,036.36	51.82	.054	172.73	2.82
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	U										.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	n	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0									
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MON	ITH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	Ρ	AGE 2,266
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT A	ID C	ODES 44 48	49				
							M	ONT	HLY AVERA	GE.	
367 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	7. 7.7	ERAGE COST			COST PER		COST PER
20/ ETIGIPTE2	USERS			EXPENDITORES							
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		ċ			ċ		ċ	
@CHIROPRACTOR	U		\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	-										
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.005	\$	104.99		.29
NURSE ANESTHESIST	20	110	\$	1,927.94	\$	17.53	.300	\$	96.40	\$	5.25
NURSE MIDWIFE	11	26	\$	4,574.10	\$	175.93	.071	\$	415.83	\$	12.46
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	0	0	¢	.00	\$	.00	.000		.00		.00
	189		Ċ		ç	78.10			669.00		
@TOTAL HOSPITAL		1,619	Ş	126,441.36	Þ		4.411	Ş		Ş	344.53
HOSP INPATIENT TOTAL	21	82		80,982.74		987.59	.223		3856.32		220.66
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	21	82		80,982.74		987.59	.223		3856.32		220.66
ACCOMMODATIONS	21	82		36,324.50		442.98	.223		1729.74		98.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	21	82									
ALL OTHER ACCOM				36,324.50		442.98	.223		1729.74		98.98
ANCILLARIES	21	0		44,658.24		.00	.000		2126.58		121.68
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	176	1,537		45,458.62		29.58	4.188		258.29		123.87
MEDICAL	31	40		2,821.67		70.54	.109		91.02		7.69
	13										
SURGERY		18		739.38		41.08	.049		56.88		2.01
PATHOLOGY	83	405		5,782.38		14.28	1.104		69.67		15.76
RADIOLOGY	47	59		3 <b>,</b> 793.77		64.30	.161		80.72		10.34
ROOM USE	118	246		9,192.02		37.37	.670		77.90		25.05
CROSSOVERS/ALL OTH OUTPTNT	117	769		23,129.40		30.08	2.095		197.69		63.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
	· · · · · · · · · · · · · · · · · · ·		Ψ.		Y			Y		Y	
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

	0	0		0.0		20 000	0.0		0.0
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00		.00
ACCOMMODATIONS	Ü	0		.00		.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00		.00
TRANSITIONAL IP CARE	O	0		.00		.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.000	.00		.00
ANCILLARIES	0	0		.00	•	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	•	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	. (	.000	.00		.00
MEDICAL	0	0		.00	. (	.000	.00		.00
SURGERY	0	0		.00	. (	.000	.00		.00
PATHOLOGY	0	0		.00	. (	.000	.00		.00
RADIOLOGY	0	0		.00	. (	.000	.00		.00
ROOM USE	0	0		.00	. (	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	. (	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT FOR	JAN 2004 THRU D	EC 2004	F	PAGE 2,267
MOP024	FEE-FOR-SERVICE	C/DENTAL							03/14/05
DEL NORTE COUNTY		/ICES FOR 185% F	ROGRAM	- PREGNANT A	ID CODES 4	4 48 49			
							NTHLY AVERA	GE	
367 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE (	COST UNITS/DAYS			COST PER
		OR DAYS OF CAR				DAY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	189	1,619		126,441.36	\$ 78.		\$ 669.00		-
COMM HOSP INPATIENT TOTAL	21	82	т	80,982.74	987.		3856.32	Τ.	220.66
HSC HOSPITALS	0	0		.00			.00		.00
NON-HSC HOSPITALS TOTAL	21	_		80 982 74	987.	59 .223	3856.32		220.66
ACCOMMODATIONS	21	82 82		80,982.74 36,324.50	987.5 442.5	98 .223	1729.74		98.98
ADMINISTRATIVE DAYS	0	02		.00	772.	00 .000	.00		.00
TRANSITIONAL IP CARE	0	0 0 82		.00 36,324.50 44,658.24	442.	.000	.00		.00
ALL OTHER ACCOM	21	0		36 324 50	112	98 .223	1729.74		98.98
ANCILLARIES	21	0		11 650 21	442.	.223	2126.58		121.68
INPATIENT CROSSOVERS	0	0		.00			.00		.00
	0	0				.000			.00
ALL OTHER INPATIENT	176	1,537		.00		.000	.00		
COMM HOSP OUTPATIENT TOTAL				45,458.62	29.	58 4.188	258.29		123.87
MEDICAL	31	40		2,821.67	/ 0 . 3	54 .109	91.02		7.69
SURGERY	13	18		739.38	29.5 70.5 41.0 14.2	08 .049	56.88		2.01
PATHOLOGY	83	405		5,782.38	14.	28 1.104	69.67		15.76
RADIOLOGY	47	59		3,793.77	64.3 37.3	30 .161	80.72		10.34
ROOM USE	118	246		9,192.02			77.90		25.05
CROSSOVERS/ALL OTH OUTPTNT		769	_	23,129.40	30.		197.69	_	63.02
@STATE HOSPITAL	0	0	\$	.00	\$ .!			Ş	.00
MENTALLY ILL	0	0		.00		.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.000	.00		.00
@NURSING FACILITY	0	0	\$	.00		.000			.00
LEV A-INTERMEDIATE	0	0		.00	•	.000	.00		.00
LEV B-REHAB MD	0	0		.00	. (	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	. (	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	. (	.000	.00		.00
LEV B-REGULAR	0	0		.00	. (	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .1	.000	\$ .00	\$	.00
ICF DDH	0	0		.00	. (	.000	.00		.00
	^			0.0		000	0.0		0.0

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@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

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	_	_								
@REHABILITATION FACILITY	0	0		.00	Ş	.00	.000	•	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	37 37 0	66		1,330.62	\$	20.16	.180		\$	3.63
PATHOLOGY	37	66		1,330.62		20.16	.180	35.96		3.63
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	69	144	\$	15,427.88	\$	107.14	.392	\$ 223.59	\$	42.04
CLINIC	4	23		1,232.71		53.60	.063	308.18		3.36
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	65	121		14,195.17		117.32	.330			38.68
#CALIF DEPT OF HEALTH SERV					REPORT				PAGE	2,268
MOP024	FEE-FOR-SERVICE		TOTALD TIO	NIII OI IMIMBINI I	. (11 01(1	1010 01110 2	2001 1111(0 1	DEC 2001		3/14/05
DEL MODEE COUNTRY	CHAMARY OF CERT	TORG FOR 10F0	DDOCDAM	- DDECNAME 7	ATD CC	DES 44 48	10		C	3/14/03
DEL NORIE COUNTI	SUMMAKI OF SERV	ICES FOR 1009	PROGRAM	- FREGNANT F	AID CC	NES 44 40		NTHLY AVERA	CE	
367 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	HCEDC	INTER OF CERT	TOP	EXPENDITURES	7/ 7/ 7/	DACE COCH		COST PER		
20 / FFIGIPTE2	USEKS	UNITS OF SERV		EXPENDITURES						ST PER
	1.0	OR DAYS OF C		11 000 00			PER ELIG	USER		GIBLE
@ALL OTHER PROVIDERS	18	692		11,880.38		17.17	1.886	•	Ş	32.37
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	5	675		10,427.26		15.45	1.839			28.41
AMBULANCES/AIR TRANS	5	673		7,877.26		11.70	1.834	1575.45		21.46
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	2	2		2,550.00		1275.00	.005	1275.00		6.95
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	12	12		1,260.00		105.00	.033	105.00		3.43
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0	0		.00		.00	.000			.00
	0	0		.00		.00	.000			.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
	0	0		.00						
PROSTHETIST/ORTHOTISTS	0					.00	.000			.00
PROSTHETICS	0	0		.00		.00	.000			.00
ORTHOTICS	U	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	Ü	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	1	5		193.12		38.62	.014	193.12		.53
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0		.00		.00	.000			.00
@* TOTALS IN THESE LINES ARE				NT.Y:	7	• 0 0	• • • •	, , ,	Т	• • • •
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
	MEDI-CAL SERVIC			NTH-OF-DVMENT I	SEDORT	FOR TAN '	י יוסשיי 2004	DEC 2004	PACE	2,269
	FEE-FOR-SERVICE		TOTALO MO.	MIN OF THIRDINI P		. FOR UMN 2	FOOT THING I	)LC 2004		3/14/05
DEL NORTE COUNTY	SUMMARY OF SERV		VA DUGL	DADTIM DDACDAM		YID CODE	76		C	J/ 14/ 0J
DED MOVIE COONTI	POLITIANT OF SEKA	TOTO FOR 00-D	VI LODI	FANTUM FRUGRAM		AID CODE		עממוא אווחווא	CE	
OS ELICIDIDO	HOEDO	IINITE OF CERT	TCE	EADEMPIMIDEO	71 7 7 7	DACE COCH		ONTHLY AVERA		
03 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES				S COST PER		ST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

			_		_	= 0 0 4		_		_	
@TOTAL, ALL PROVIDERS	19	145	\$	10,630.65	\$	73.31	48.333	\$	559.51		3543.55
@PHYSICIANS SERVICES	6	11	\$	1,148.63	\$	104.42	3.667	Ş	191.44	Ş	382.88
OUTPATIENT VISITS	3	4		173.55		43.39	1.333		57.85		57.85
OFFICE VISITS	3	4		173.55		43.39	1.333		57.85		57.85
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
	0	0									
CRITICAL CARE	•			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	2		491.62		245.81	.667		491.62		163.87
PRINCIPAL SURGEON	1	2		491.62		245.81	.667		491.62		163.87
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00			.00		.00
	1	2					.000				
PATHOLOGY	2	2		20.66		10.33	.667		20.66		6.89
RADIOLOGY	∠	2		20.78		10.39	.667		10.39		6.93
PSYCHIATRY	U	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		442.02		442.02	.333		442.02		147.34
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	·	.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
ENDODONTICS	0	0					.000				
RESTORATIVE DENTISTRY	· ·			.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	EPOR:	r for jan 2	2004 THRU 1	DEC	2004	P.	AGE 2,270
MOP024	FEE-FOR-SERVICE/D										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVIC		POST	PARTUM PROGRAM		AID CODE	76				
			-				MO	TNC	HLY AVERA	GE ·	
03 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:				COST PER
11 221222		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
		CI. DIIIO OI CIME			- 111	01111/ 1/11			0011	•	

DIAGNOSTIC AND ANC. PROCED   0   0   0.00	@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OTHER OPTOMETRIC SERVICES         0         0         .00	DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
## SERVICES 0 0 0 \$ .00	EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
VISITS	OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PODIATRIST         0         0         \$         .00         \$         .00 <td>VISITS</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	VISITS	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS         0         0         .00	OTHER SERVICES	0	0	.00	.00	.000	.00	.00
SURGERY/ANES. 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .0	@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
RADIO./PATHOLOGY OTHER O O OTHER O O OTHER O O O O OTHER O O O O OTHER O O O O O O O O O O O O O O O O O O O	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
OTHER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY         0         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         <	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST         1         7         \$         115.93         \$         16.56         2.333         \$         15.93         \$         38.64           NURSE MIDWIFE         1         1         \$         53.79         \$         53.79         \$         53.79         \$         17.93	OTHER	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE         1         1         \$         53.79         \$         53.79         \$         17.93           PEDIATRIC NURSE PRACTITIONER         0         0         \$         .00         .00 <td>@HOME HEALTH AGENCY</td> <td>0</td> <td>0</td> <td>\$ .00</td> <td>\$ .00</td> <td>.000</td> <td>\$ .00</td> <td>\$ .00</td>	@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER         0         \$         .00         .00	NURSE ANESTHESIST	1	7	\$ 115.93	\$ 16.56	2.333	\$ 115.93	\$ 38.64
FAMILY NURSE PRACTITIONER 0 0 \$ .00	NURSE MIDWIFE	1	1	\$ 53.79	\$ 53.79	.333	\$ 53.79	\$ 17.93
## CTOTAL HOSPITAL	PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL         1         4         5,777.10         1444.28         1.333         5777.10         1925.70           HSC HOSPITALS         0         0         .00         .00         .00         .00         .00           NON-HSC HOSPITAL TOTAL         1         4         5,777.10         1444.28         1.333         5777.10         1925.70           ACCOMMODATIONS         1         4         2,169.16         542.29         1.333         2169.16         723.05           ADMINISTRATIVE DAYS         0         0         .00         .00         .00         .00         .00           TRANSITIONAL IP CARE         0         0         .00         .00         .00         .00         .00           ANCILLARIES         1         4         2,169.16         542.29         1.333         2169.16         723.05           ANCILLARIES         1         0         3,607.94         .00         .00         3607.94         1202.65           INPATIENT CROSSOVERS         0         .00         .00         .00         .00         .00         .00         .00           ALL OTHER INPATIENT         0         .00         .00         .00         .00         .00 </td <td>FAMILY NURSE PRACTITIONER</td> <td>0</td> <td>0</td> <td>\$ .00</td> <td>\$ .00</td> <td>.000</td> <td>\$ .00</td> <td>\$ .00</td>	FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HSC HOSPITALS   0   0   0   0   0   0   0   0   0	@TOTAL HOSPITAL	13	83	\$ 8,203.04	\$ 98.83	27.667	\$ 631.00	\$ 2734.35
NON-HSC HOSPITAL TOTAL         1         4         5,777.10         1444.28         1.333         5777.10         1925.70           ACCOMMODATIONS         1         4         2,169.16         542.29         1.333         2169.16         723.05           ADMINISTRATIVE DAYS         0         0         .00         .00         .00         .00         .00         .00           TRANSITIONAL IP CARE         0         0         .00         .00         .00         .00         .00         .00         .00           ALL OTHER ACCOM         1         4         2,169.16         542.29         1.333         2169.16         723.05           ANCILLARIES         1         0         3,607.94         .00         .00         3607.94         1202.65           INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00         .00         .00         .00         .00           HOSP OUTPATIENT TOTAL         12         79         2,425.94         30.71         26.333         202.16         808.65           MEDICAL         2         5         274.90         54.98 <td>HOSP INPATIENT TOTAL</td> <td>1</td> <td>4</td> <td>5<b>,</b>777.10</td> <td>1444.28</td> <td>1.333</td> <td>5777.10</td> <td>1925.70</td>	HOSP INPATIENT TOTAL	1	4	5 <b>,</b> 777.10	1444.28	1.333	5777.10	1925.70
ACCOMMODATIONS 1 4 2,169.16 542.29 1.333 2169.16 723.05 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	1	4	5 <b>,</b> 777.10			5777.10	
TRANSITIONAL IP CARE         0         0         .00	ACCOMMODATIONS	1	4	2,169.16	542.29	1.333	2169.16	723.05
ALL OTHER ACCOM 1 4 2,169.16 542.29 1.333 2169.16 723.05 ANCILLARIES 1 0 3,607.94 .00 .000 3607.94 1202.65 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 12 79 2,425.94 30.71 26.333 202.16 808.65 MEDICAL 2 5 274.90 54.98 1.667 137.45 91.63 SURGERY 1 1 80.83 80.83 .333 80.83 26.94		0	0		.00			.00
ANCILLARIES 1 0 3,607.94 .00 .000 3607.94 1202.65 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 .00 .00 ALL OTHER INPATIENT TOTAL 12 79 2,425.94 30.71 26.333 202.16 808.65 MEDICAL 2 5 274.90 54.98 1.667 137.45 91.63 SURGERY 1 1 80.83 80.83 .333 80.83 26.94		0	0					
INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00         .00         .00         .00         .00         .00           HOSP OUTPATIENT TOTAL         12         79         2,425.94         30.71         26.333         202.16         808.65           MEDICAL         2         5         274.90         54.98         1.667         137.45         91.63           SURGERY         1         1         80.83         80.83         .333         80.83         26.94	ALL OTHER ACCOM	1	4	•	542.29	1.333		
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	1	0	3 <b>,</b> 607.94	.00	.000	3607.94	1202.65
HOSP OUTPATIENT TOTAL     12     79     2,425.94     30.71     26.333     202.16     808.65       MEDICAL     2     5     274.90     54.98     1.667     137.45     91.63       SURGERY     1     1     80.83     80.83     .333     80.83     26.94	INPATIENT CROSSOVERS	0	0					
MEDICAL       2       5       274.90       54.98       1.667       137.45       91.63         SURGERY       1       1       80.83       80.83       .333       80.83       26.94	ALL OTHER INPATIENT	0	0	.00			.00	
SURGERY 1 1 80.83 80.83 .333 80.83 26.94	HOSP OUTPATIENT TOTAL	12	79					
		2	5					
PATHOLOGY 5 17 264.62 15.57 5.667 52.92 88.21		1	1					
	PATHOLOGY	5	17	264.62	15.57	5.667	52.92	88.21

DARTOLOGY	2	4	207 (0	74 40	1 222	1.40 0.0	00 20
RADIOLOGY	2	4	297.60	74.40	1.333	148.80	99.20
ROOM USE	9	14	641.98	45.86	4.667	71.33	213.99
CROSSOVERS/ALL OTH OUTPTNT	8	38	866.01	22.79	12.667	108.25	288.67
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	•	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES				EC 2004	PAGE 2,271
MOP024	FEE-FOR-SERVICE/DE						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE		T PARTUM PROGRAM	AID CODE	76		22, 21, 00
	31 3211132	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		112 0022		NTHLY AVERAG	E
03 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
VO EBIGIDEDO		R DAYS OF CARE	2111 2110 11 01(20	PER UNIT/DAY		USER	ELIGIBLE

02 817678186	HARRA	INITES OF SERVICE	,		ATTERACE COOR	11 T T C / D T 11		_	COCH DED
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			Χ.	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	83	\$	8,203.04	\$ 98.83	27.667	•		2734.35
COMM HOSP INPATIENT TOTAL	1	4		5 <b>,</b> 777.10	1444.28	1.333	5777.1	С	1925.70
HSC HOSPITALS	0	0		.00	.00	.000	.0	С	.00
NON-HSC HOSPITALS TOTAL	1	4		5 <b>,</b> 777.10	1444.28	1.333	5777.1	С	1925.70
ACCOMMODATIONS	1	4		2,169.16	542.29	1.333	2169.1	6	723.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.0	Э	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	Э	.00
ALL OTHER ACCOM	1	4		2,169.16	542.29	1.333	2169.1	6	723.05
ANCILLARIES	1	0		3,607.94	.00	.000	3607.9	4	1202.65
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.0	Э	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0	С	.00
COMM HOSP OUTPATIENT TOTAL	12	79		2,425.94	30.71	26.333	202.1	6	808.65
MEDICAL	2	5		274.90	54.98	1.667	137.4	5	91.63
SURGERY	1	1		80.83	80.83	.333	80.8	3	26.94
PATHOLOGY	5	17		264.62	15.57	5.667	52.9	2	88.21
RADIOLOGY	2	4		297.60	74.40	1.333	148.8	C	99.20
ROOM USE	9	14		641.98	45.86	4.667	71.3	3	213.99
CROSSOVERS/ALL OTH OUTPTNT	8	38		866.01	22.79	12.667	108.2	5	288.67
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .0	) \$	.00
MENTALLY ILL	0	0		.00	.00	.000	.0	C	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.0	C	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .0	) \$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.0	Э	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.0	Э	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.0	Э	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0	С	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	С	.00
LEV B-REGULAR	0	0		.00	.00	.000	.0	С	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .0	) \$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	67.20	\$	22.40	1.000	\$	22.40	\$	22.40
PATHOLOGY	3	3		67.20		22.40	1.000		22.40		22.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	5	\$	437.60	\$	87.52	1.667	\$	145.87	\$	145.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	5		437.60		87.52	1.667		145.87		145.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MON	NTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 2,272
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST F	PARTUM PROGRAM		AID CODE	E 76				

DDD NORTH COONTI	DOINGING OF DELIVE	DD TON OU DITT TODI	TIME OF TROOPER	TIID CODE	7 0		
					MOI	NTHLY AVERA	.GE
03 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	35 \$	604.46	\$ 17.27	11.667	\$ 201.49	\$ 201.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	32	400.98	12.53	10.667	400.98	133.66
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	160.10	160.10	.333	160.10	53.37
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	43.38	21.69	.667	43.38	14.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	2 \$	232.05	\$ 116.03	.667		\$ 77.35
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,273 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

CZE BLICIDIEC	HOEDO	INTEC OF CEDUICE	EVDENDIBLIDEC	ATTEDACE COCH		TUTI WATEV	
675 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	470	OR DAYS OF CARE	004 005 05	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	479	3,478 \$	234,825.85	\$ 67.52	5.153 \$	490.24	
@PHYSICIANS SERVICES	93	209 \$	16,035.58	\$ 76.73	.310 \$		•
OUTPATIENT VISITS	21	33	1,735.98	52.61	.049	82.67	2.57
OFFICE VISITS	15	20	688.04	34.40	.030	45.87	1.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.001	108.08	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	11	894.14	81.29	.016	223.54	1.32
OTHER OUTPATIENT	1	1	45.72	45.72	.001	45.72	.07
INPATIENT VISITS	5	16	1,168.91	73.06	.024	233.78	1.73
HOSPITAL VISITS	5	15	751.21	50.08	.022	150.24	1.11
CRITICAL CARE	1	1	417.70	417.70	.001	417.70	.62
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS							
INPATIENT HOSPITAL SURGERY	12	28	6,521.73	232.92	.041	543.48	9.66
PRINCIPAL SURGEON	10	12	5,954.70	496.23	.018	595.47	8.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	567.03	35.44	.024	283.52	.84
OUTPATIENT SURGERY	7	22	2,775.52	126.16	.033	396.50	4.11
PRINCIPAL SURGEON	6	7	2,311.73	330.25	.010	385.29	3.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	463.79	30.92	.022	231.90	.69
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	13	434.74	33.44	.019	39.52	.64
RADIOLOGY	49	66	1,863.54	28.24	.098	38.03	2.76
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	16	92.00	5.75	.024	18.40	.14
OTHER SERVICES/ALL X-OVERS	9	15	1,443.16	96.21	.022	160.35	2.14
@PHARMACY	123	249 \$	7,757.14	\$ 31.15	.369 \$		
PRESCRIPTION DRUGS	120	229	6,720.78	29.35	.339	56.01	9.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	120	229	6 <b>,</b> 720.78	29.35	.339	56.01	9.96
MEDICAL SUPPLIES	6	20	1,036.36	51.82	.030	172.73	1.54
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		
-	0	0	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	-					
ORAL SURGERY	•	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	Ō	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
= ===== ===============================	9	•					

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,274 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

03/14/05

DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR 185% AN	1D 60	D-DAY PP TOTAL, COL	DES ·	44 4/ 48 49		O N T IT		C.E.	
685									HLY AVERA	ŒĔ	
675 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
_	_	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.003	Ś	104.99	\$	.16
NURSE ANESTHESIST	21	117	Š	2,043.87	\$	17.47		\$	97.33	\$	3.03
NURSE MIDWIFE	12	27	Ċ	4,627.89	\$	171.40		\$	385.66	\$	6.86
	<del></del>	0	\$ \$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$					-			
FAMILY NURSE PRACTITIONER	-				\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	224	1,782	\$	,	\$	89.40	2.640	Þ	711.23	Þ	236.02
HOSP INPATIENT TOTAL	24	95		104,491.16		1099.91	.141		4353.80		154.80
HSC HOSPITALS	1	7		11,963.00		1709.00	.010		11963.00		17.72
NON-HSC HOSPITAL TOTAL	23	88		92,528.16		1051.46	.130		4022.96		137.08
ACCOMMODATIONS	23	88		40,595.64		461.31	.130		1765.03		60.14
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	88		40,595.64		461.31	.130		1765.03		60.14
ANCILLARIES	23	0		51,932.52		.00	.000		2257.94		76.94
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	209	1,687		54,824.53		32.50	2.499		262.32		81.22
MEDICAL	50	64		4,309.08		67.33	.095		86.18		6.38
SURGERY	14	19		820.21		43.17	.028		58.59		1.22
PATHOLOGY	94	437		6,391.81		14.63	.647		68.00		9.47
RADIOLOGY	55	72		8,708.70		120.95	.107		158.34		12.90
ROOM USE	144	280		10,492.01		37.47	.415		72.86		15.54
CROSSOVERS/ALL OTH OUTPTNT		815		24,102.72		29.57	1.207		182.60		35.71
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	Ś	.00	.000	Ś		Ś	.00
CO HOSPITAL INPATIENT TOTAL	•	0	٧	.00	Ψ	.00	.000	Υ	.00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0							.00		.00
ACCOMMODATIONS	0			.00		.00	.000				
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 2,275
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 60-DA	AY PP TOTAL, CODES 44	47 48 49 69	76		

DDD NORTH COORT	COLUMN OF CER	VIOLO 1010 1000 1	110 00	DIII 11 10111E, 00.	DED 11 17 10 1.	20270	NIMIII II NIIMI	CT	
			_				NTHLY AVERA	_	
675 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST	
		OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER	ELIGI	BLE
@COMMUNITY HOSPITAL TOTAL	224	1,782	\$	159 <b>,</b> 315.69	\$ 89.40	2.640	\$ 711.23	\$ 236	.02
COMM HOSP INPATIENT TOTAL	24	95		104,491.16	1099.91	.141	4353.80	154	.80
HSC HOSPITALS	1	7		11,963.00	1709.00	.010	11963.00	17	.72
NON-HSC HOSPITALS TOTAL	23	88		92,528.16	1051.46	.130	4022.96	137	.08
ACCOMMODATIONS	23	88		40,595.64	461.31	.130	1765.03	60	.14
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	23	88		40,595.64	461.31	.130	1765.03	60	.14
ANCILLARIES	23	0		51,932.52	.00	.000	2257.94	76	5.94
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	209	1,687		54,824.53	32.50	2.499	262.32	81	.22
MEDICAL	50	64		4,309.08	67.33	.095	86.18	6	3.38
SURGERY	14	19		820.21	43.17	.028	58.59	1	.22
PATHOLOGY	94	437		6,391.81	14.63	.647	68.00	9	.47
RADIOLOGY	55	72		8,708.70	120.95	.107	158.34	12	.90
ROOM USE	144	280		10,492.01	37.47	.415	72.86	15	.54
CROSSOVERS/ALL OTH OUTPTNT	132	815		24,102.72	29.57	1.207	182.60	35	.71
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	45	75	\$	1,467.76	\$	19.57	.111	\$	32.62	\$	2.17
PATHOLOGY	45	75		1,467.76		19.57	.111		32.62		2.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	174	288	\$	29 <b>,</b> 970.16	\$	104.06	.427	\$	172.24	\$	44.40
CLINIC	6	25		1,409.97		56.40	.037		235.00		2.09
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	168	263		28,560.19		108.59	.390		170.00		42.31
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PF	GE 2,276 03/14/05
MOE 024	LEE LOW SEWATCE / DENIM	_									03/14/03

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

DEE NORTE COONTI	SOMMAN OF SER	VICES FOR 1038 AND 00 I	DAI II IOIAL, COI	JE		THLY AVERA	CE
675 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
6/2 FFIGIPTE2	USEKS	OR DAYS OF CARE	EVLENDIIOKE2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	22	729 \$	13,502.77	\$ 18.52	1.080 \$		
DURABLE MED. EQUIP.	22	729 3	.00	.00	.000	.00	•
BLOOD BANK	0	0					.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
	0	675					
MEDICAL TRANSPORTATION	5		10,427.26	15.45	1.000	2085.45	15.45
AMBULANCES/AIR TRANS	5	673	7,877.26	11.70	.997	1575.45	11.67
OTHER TRANS	U	U	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	2,550.00	1275.00	.003	1275.00	3.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12	1,260.00	105.00	.018	105.00	1.87
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	32	400.98	12.53	.047	400.98	.59
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	1,178.03	392.68	.004	589.02	1.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	43.38	21.69	.003	43.38	.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ŭ						

ALL OTHER PROVIDERS	1	5	193.12	38.62	.007	193.12	.29
@CALIF. CHILDREN SERVICES*	6	46	\$ 21,313.58	\$ 463.34	.068	\$ 3552.26	\$ 31.58
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,277 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR TITLE II DIS	REGARD - AGED	AID CODE	16		00, 11, 00
					MON	THLY AVERAG	E
405 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	395	8,142 \$	266,018.26	\$ 32.67	20.104 \$	673.46	\$ 656.84
@PHYSICIANS SERVICES	70	215 \$	2,060.29	\$ 9.58	.531 \$	29.43	\$ 5.09
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	12.89	12.89	.002	12.89	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	69	214	2,047.40	9.57	.528	29.67	5.06
@PHARMACY	335	6 <b>,</b> 559 \$	161,672.52		16.195 \$		
PRESCRIPTION DRUGS	331	1,584	156,748.06	98.96	3.911	473.56	387.03
SNF/ICF	15	101	8,146.91	80.66	.249	543.13	20.12
OUTPATIENTS	320	1,483	148,601.15	100.20	3.662	464.38	366.92
MEDICAL SUPPLIES	42	4,975	4,924.46	.99	12.284	117.25	12.16
@DENTIST	7	12 \$	1,748.00	\$ 145.67	.030 \$		
VISITS - DIAGNOSTIC	2	3	83.00	27.67	.007	41.50	.20
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	Ō	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	5	8	1,665.00	208.13	.020	333.00	4.11
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 2,278
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - AGED	AID CODE	16		

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR TITLE 1	I DIS	SREGARD - AGED		AID CODE	16				
							M	ONT	HLY AVERA	GE	
405 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	7	\$	172.91	\$	24.70	.017	\$	34.58	\$	.43
DIAGNOSTIC AND ANC. PROCED	2	3		86.89		28.96	.007		43.45		.21
EYE APPLIANCES	2	3		53.11		17.70	.007		26.56		.13
OTHER OPTOMETRIC SERVICES	1	1		32.91		32.91	.002		32.91		.08
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.002	\$	16.72	\$	.04
VISITS	0	0	·	.00	·	.00	.000		.00		.00
OTHER SERVICES	1	1		16.72		16.72	.002		16.72		.04
@PODIATRIST	7	12	\$	251.52	\$	20.96	.030	\$	35.93	\$	.62
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	7	12		251.52		20.96	.030		35.93		.62
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	3	3	\$	41.72	\$	13.91	.007	\$	13.91	\$	.10
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	58	123	\$	14,397.66	\$	117.05	.304	\$	248.24	\$	35.55
HOSP INPATIENT TOTAL	13	0		12,236.33		.00	.000		941.26		30.21
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13	0		12,236.33		.00	.000		941.26		30.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	55	123		2,161.33		17.57	.304		39.30		5.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	55	123		2,161.33		17.57	.304		39.30		5.34
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	004 THRU	DEC	2004	PA	AGE 2,279
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE	16				
							MO	TNC	HLY AVERA	GE -	
405 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	123	\$	14,397.66	\$	117.05	.304	\$	248.24	\$	35.55
COMM HOSP INPATIENT TOTAL	13	0		12,236.33		.00	.000		941.26		30.21
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13	0		12,236.33		.00	.000		941.26		30.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	55	123		2,161.33		17.57	.304		39.30		5.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	55	123		2,161.33		17.57	.304		39.30		5.34
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	23	267	\$	69,034.43	\$	258.56	.659	\$	3001.50	\$	170.46
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	43		5,388.76		125.32	.106		5388.76		13.31
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	90 0 0 0 90	203 0 0 0 0 203 ES AND EXPENDITUR	\$	9,070.17 .00 .00 .00 9,070.17	\$	44.68 .00 .00 .00 44.68	.501 \$ .000 .000 .000 .501	.00 .00 .00		22.40 .00 .00 .00 22.40
MOP024	FEE-FOR-SERVICE		(ES M	ONIH-OF-PAIMENI R	KEPUKI	FOR JAN 2	2004 IRKO DE	SC 2004	r	PAGE 2,280 03/14/05
DEL NORTE COUNTY		ICES FOR TITLE I	T DT	SREGARD - AGED		AID CODE	16			03/14/03
DEE NORTH COONTI	DOINING OF DERCY	1000 1010 11100 1		OKEONIKO NOED		1110 0000		THLY AVERA	GE	
405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	88	739	\$	7,531.98	\$	10.19	1.825	85.59	\$	18.60
DURABLE MED. EQUIP.	7	96		2,203.19		22.95	.237	314.74		5.44
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	15	373		871.01		2.34	.921	58.07		2.15
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	11	342		797.46		2.33	.844	72.50		1.97
OTHER SERVICES	4	31		73.55		2.37	.077	18.39		.18
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	8	22		223.30		10.15	.054	27.91		.55
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	248	4,234.48	17.07	.612	65.15	10.46
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	159	665	\$ 58,249.33	\$ 87.59	1.642	\$ 366.35	\$ 143.83
a			 				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,281 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

					1	MONTHL	Y AVERA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DA	rs co	ST PER	COST PER
		OR DAYS OF CARE		PER UNIT	DAY PER ELIC	3 1	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20	177 \$	3,362.71	\$ 19.	00 7.375	\$	168.14	\$ 140.11
@PHYSICIANS SERVICES	3	9 \$	94.83	\$ 10.	54 .375	\$	31.61	\$ 3.95
OUTPATIENT VISITS	0	0	.00		.000		.00	.00
OFFICE VISITS	0	0	.00		.000		.00	.00
HOME VISITS	0	0	.00		.000		.00	.00
EMERGENCY ROOM	0	0	.00		.000		.00	.00
PREVENTIVE CARE	0	0	.00		.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.000		.00	.00
OTHER OUTPATIENT	0	0	.00		.000		.00	.00
INPATIENT VISITS	0	0	.00		.000		.00	.00
HOSPITAL VISITS	0	0	.00		.000		.00	.00
CRITICAL CARE	0	0	.00		.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000		.00	.00
EXAMINATIONS	0	0	.00		.000		.00	.00
SERVICES AND MATERIALS	0	0	.00		.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.000		.00	.00
ASSISTANT SURGEON	0	0	.00		.000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.000		.00	.00
OUTPATIENT SURGERY	0	0	.00		.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.000		.00	.00
ASSISTANT SURGEON	0	0	.00		.000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.000		.00	.00
DIALYSIS	0	0	.00		.000		.00	.00
PATHOLOGY	0	0	.00		.000		.00	.00
RADIOLOGY	0	0	.00		.000		.00	.00
PSYCHIATRY	0	0	.00		.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.000		.00	.00
OTHER SERVICES/ALL X-OVERS	3	9	94.83	10.			31.61	3.95
@PHARMACY	16	140 \$	2,571.90	\$ 18.				\$ 107.16
PRESCRIPTION DRUGS	16	38	2,510.94	66.			156.93	104.62
SNF/ICF	0	0	.00		.000		.00	.00
OUTPATIENTS	16	38	2,510.94	66.			156.93	104.62
MEDICAL SUPPLIES	3	102	60.96		60 4.250		20.32	2.54
@DENTIST	0	0 \$	.00		.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00		.000		.00	.00
ORAL SURGERY	0	0	.00	•	.000		.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0		0									.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	U		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITU	JRES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU 1	DEC	2004	P	AGE 2,282
MOP024	FEE-FOR-SERVICE	E/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	JICES FOR	TITLE	II D	ISREGARD - BLIND	AID	CODES 26	6A				
								Mo	TUC	HLY AVERA	GE ·	
24 ELIGIBLES	USERS	UNITS OF	SERVIC	Œ	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S (	COST PER	(	COST PER
		OR DAYS	OF CAR	RE		PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@OPTOMETRIST	1		2	\$	31.80	\$	15.90	.083	Ś	31.80	\$	1.33
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	'	.00
EYE APPLIANCES	1		2		31.80		15.90	.083		31.80		1.33
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
	0		1	\$	16.72	\$	16.72	.042	Ċ	16.72	ċ	
@CHIROPRACTOR	1			Þ		Ş			Þ		Ş	.70
VISITS	U		0		.00		.00	.000		.00		.00
OTHER SERVICES	1		1	_	16.72	_	16.72	.042	_	16.72	_	.70
@PODIATRIST_	0		0	\$	.00	\$	.00	.000	\$		\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	8 0		0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1		1	Š	11.66	Ś	11.66	.042	Ś	11.66	Ś	.49
HOSP INPATIENT TOTAL	0		0	τ	.00	т	.00	.000	т	.00	Τ.	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		0									
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		-		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1		1		11.66		11.66	.042		11.66		.49
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	· ·		1		11.66		11.66	.042		11.66		.49
	0		0	\$	.00	\$		.000	ċ	.00	Ċ	
@COUNTY HOSPITAL TOTAL			-	Ą		ٻ	.00		٢		ې	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00

	_	_					
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	S AND EXPENDITURES MC					PAGE 2,283
MOP024	FEE-FOR-SERVICE		IVIII OI IIIIIIIIVI IXI	J101(1 101( 0111 2	.001 IIII(O DEC	2001	03/14/05
DEL NORTE COUNTY		CES FOR TITLE II DIS	DECADO - BITMO	AID CODES 26	67		03/14/03
DEL NORTE COONTI	SOMMANI OF SERV.	CES FOR TITLE II DIS	REGARD BLIND	AID CODES 20	MONT		CF
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
24 EDIGIDDES	OSERS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITAL HORDINAL MOMAL	1	OR DAIS OF CARE	11.66	\$ 11.66	.042 \$	11.66	-
@COMMUNITY HOSPITAL TOTAL	0	0		.00	.042 \$	.00	.00
COMM HOSP INPATIENT TOTAL	0		.00				
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	11.66	11.66	.042	11.66	.49
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	11.66	11.66	.042	11.66	.49
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00	.000		.00
	U	0 \$	.00			.00	
@INTERMEDIATE CARE FACILDD	0		.00	\$ .00		.00	•
ICF DDH	U	0	.00	.00	.000	.00	.00

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@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	•	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	7	\$	429.85	\$	61.41	.292	\$ 107.46	\$	17.91
CLINIC	0	0		.00		.00	.000	.00	'	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4	7		429.85		61.41	.292	107.46		17.91
	MEDI-CAL SERVICE	'C AND EVDENDIMI	DEC MONE						D A	GE 2,284
#CALIF DEPT OF HEALTH SERV			RES MONI	n-Or-PAIMENI R	EPURI	FOR JAN 2	2004 IRKU	DEC 2004	PA	•
MOPO24	FEE-FOR-SERVICE/		TT DIGDE	CADD DI TAID	3.70	CODEC OC	C 7			03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR TITLE	II DISRE	GARD - BLIND	AID	CODES 26			<b>C D</b>	
			_					ONTHLY AVERA	-	
24 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES				S COST PER		OST PER
		OR DAYS OF CAR	E		PER		PER ELIG			LIGIBLE
@ALL OTHER PROVIDERS	3	17	\$	205.95	\$	12.11	.708	\$ 68.65	\$	8.58
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000			.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0								
ADULT DAY HEALTH CARE CTR	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	U	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	1	2		26.08		13.04	.083	26.08		1.09
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
	0	0								
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	U	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	2	15		179.87		11.99	.625	89.94		7.49
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000			.00
@XOVER EXCLUDING STATE HOSP**	7	26	\$	303.08	\$	11.66	1.083	\$ 43.30	\$	12.63
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	TE INFORMATION	ITEM ONL	Y;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APE	ROPRIATE DETAIL	LINES A	BOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES A	BOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES MONT	H-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC 2004	PA	GE 2,285
	FEE-FOR-SERVICE/									03/14/05
	SUMMARY OF SERVI		II DISRE	GARD - DISABLE	D AID	CODES 36	66 6C			
								ONTHLY AVERA	GE -	
265 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST				OST PER
200 111011110	3511(0	51.115 St 5Ht(V1C	_		-11	/	511110/DA1		_	

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	278	1,498	\$ 124,503.46	\$ 83.11	5.653	\$ 447.85	\$ 469.82
@PHYSICIANS SERVICES	36	68	\$ 932.69	\$ 13.72	.257	\$ 25.91	\$ 3.52
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	68	932.69	13.72	.257	25.91	3.52
@PHARMACY	240	1,117	\$ ,	\$	4.215	\$ 457.37	\$ 414.23
PRESCRIPTION DRUGS	238	1,013	108,085.94	106.70	3.823	454.14	407.87

SNF/ICF	0	0		.00		.00	.000		.00		.00	
OUTPATIENTS	238	1,013		108,085.94		106.70	3.823		454.14		407.87	
MEDICAL SUPPLIES	16	104		1,683.97		16.19	.392		105.25		6.35	
@DENTIST	9	35	\$	1,221.00	\$	34.89	.132	\$	135.67	\$	4.61	
VISITS - DIAGNOSTIC	6	9		182.00		20.22	.034		30.33		.69	
ORAL SURGERY	1	23		929.00		40.39	.087		929.00		3.51	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	1	2		110.00		55.00	.008		110.00		.42	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	1	1		.00		.00	.004		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	r for jan	2004 THRU	DEC	2004	PF	AGE 2,286	
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05	

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

							M	CNT	HLY AVERA	GΕ	
265 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	11	\$	206.02	\$	18.73	.042	\$	34.34	\$	.78
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	5	10		172.08		17.21	.038		34.42		.65
OTHER OPTOMETRIC SERVICES	1	1		33.94		33.94	.004		33.94		.13
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.008	\$	33.44	\$	.13
VISITS	1	2		33.44		16.72	.008		33.44		.13
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	6	\$	49.71	\$	8.29	.023	\$	8.29	\$	.19
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	6		49.71		8.29	.023		8.29		.19
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	23	73	\$	5,429.08	\$	74.37	.275	\$	236.05	\$	20.49
HOSP INPATIENT TOTAL	6	0		4,552.88		.00	.000		758.81		17.18
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	0		4,552.88		.00	.000		758.81		17.18
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	23	73		876.20		12.00	.275		38.10		3.31
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

DADTOLOGY	0	0	0.0	0.0	000	0.0	0.0
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	23	73	876.20	12.00	.275	38.10	3.31
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,287
MOP024	FEE-FOR-SERVICE/DENTA	.L					03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

DEL NORTE COUNTI	DOMESTIC OF DELVI	ATCES FOR	111111111111111111111111111111111111111	. 1 1	JIVEGUIVD	DISABIED	AID	CODES 30	00 00				
									MC	NTHLY	AVERA	.GE	
265 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPE	NDITURES	AVE	RAGE COST	UNITS/DAYS	COS	r per	(	COST PER
		OR DAYS	OF CARE	3			PER	UNIT/DAY	PER ELIG	U:	SER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23		73	\$		5,429.08	\$	74.37	.275	\$ 23	36.05	\$	20.49
COMM HOSP INPATIENT TOTAL	6		0			4,552.88		.00	.000	7	58.81		17.18
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6		0			4,552.88		.00	.000	7	58.81		17.18
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23		73			876.20		12.00	.275		38.10		3.31
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	23		73			876.20		12.00	.275		38.10		3.31
@STATE HOSPITAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
LEV B-REGULAR	0		0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	7	\$	111.05	\$	15.86	.026	\$	27.76	\$	.42
PATHOLOGY	4	7		111.05		15.86	.026		27.76		.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	56	87	\$	5,677.00	\$	65.25	.328	\$	101.38	\$	21.42
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	56	87		5,677.00		65.25	.328		101.38		21.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 2,288
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TITLE	II I	DISREGARD - DISABLEI	D AID	CODES 36	66 6C				

----- MONTHLY AVERAGE -----EXPENDITURES 265 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 26 1,073.56 \$ 11.67 @ALL OTHER PROVIDERS 92 .347 \$ 41.29 \$ 4.05 DURABLE MED. EQUIP. 1 96.93 48.47 .008 96.93 .37 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 10 26 253.28 9.74 .098 25.33 .96 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 PROSTHETICS .000 .00 ORTHOTICS .00 .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 723.35 ALL OTHER PROVIDERS 11.30 48.22 2.73 64 .242 0 .00 \$ .000 \$ .00 \$ @CALIF. CHILDREN SERVICES\* .00 .00 109.68 \$ @XOVER EXCLUDING STATE HOSP\*\* 68 7,458.53 \$ .811 \$ 34.69 28.15

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

03/14/05

FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMA			DISCONTINUED
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DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE 1.	I DIS	SREGARD - FAMILIES	DISCONTING			~-	
							NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST DIALYSIS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00		.00		.00
PSYCHIATRY	0	0			.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	•		.00		.000			
OTHER SERVICES/ALL X-OVERS	0	0	<u> </u>	.00	.00	.000	.00	<u> </u>	.00
@PHARMACY	•	0	\$	.00	\$ .00	.000	•	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	<u> </u>	.00	.00	.000	.00	<u> </u>	.00
@DENTIST	0	0	\$	.00	\$ .00		\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MOP024

DEL NORTE COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,290 FEE-FOR-SERVICE/DENTAL

03/14/05

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

DEL NORTE COONTI	DOMINANT OF DERVIC	NO LOIL	111111 1.	I DIOI	MUGAIND	LUMITHT		DIDCONTINO					
									MC		HLY AVERA	GE.	
00 ELIGIBLES	USERS U	JNITS OF	SERVICE		EXPEN	DITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	Û	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
SURGERY	0	0			.000		.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	O	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MC					PAGE 2,291
	THEFT CAM DELICATE	LO TIND EXILENDITORED FIG	,14 T 11 OT T 17 T 1 T T T T T T T T T T T T T T T	101(1 101( 0111)		C 2001	
$M \cap P \cap 2A$	FFF-FOR-SERVICE	/ DENTAI.					03/14/05
MOPO24	FEE-FOR-SERVICE		DECADD EAMILIEC	DICCOMMIN	IIED		03/14/05
MOP024 DEL NORTE COUNTY		/DENTAL ICES FOR TITLE II DIS	REGARD - FAMILIES	DISCONTIN			
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DIS			MON		GE
		ICES FOR TITLE II DIS	REGARD - FAMILIES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
DEL NORTE COUNTY  00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II DIS UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$ .00
DEL NORTE COUNTY  00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II DIS UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER .00 .00	GE COST PER ELIGIBLE
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$ .00
DEL NORTE COUNTY  00 ELIGIBLES  0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	GE COST PER ELIGIBLE \$ .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	GE COST PER ELIGIBLE \$ .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DIS  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00  .00  .00  .00  .00  .00  .00  .0
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00  .00  .00  .00  .00  .00  .00  .0
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE OSSOCIATION OCCUPANTION OCCUPANTI	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE OSSOCIATION OSSOCIATI	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE OSSOCIATION OSSOCIATI	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	IRES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 20	04 THRU	DEC	2004	PAGE	2,292
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGAR	D - FAMILIES	D	ISCONTINUE					
						-	M	ONTH	LY AVERA	GE	

					MON'	IHLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,293 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR TITLE .	II DIS	REGARD - TOTAL			3.64	~ N.T.		C.E.	
694 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7. 7. 7.	RAGE COST	MO			GE.	COST PER
694 FLIGIBLES	USEKS			EXPENDITURES				5	USER		
GEORGI ALL DROUTDERG	693	OR DAYS OF CAR		393,884.43		R UNIT/DAY 40.12	14.146	Ċ	568.38		ELIGIBLE 567.56
@TOTAL, ALL PROVIDERS		9,817	\$	•	\$						
@PHYSICIANS SERVICES	109	292	\$	3,087.81	\$	10.57	.421	Þ	28.33	Þ	4.45
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		12.89		12.89	.001		12.89		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	108	291		3,074.92		10.57	.419		28.47		4.43
@PHARMACY	591	7,816	Ś	274,014.33	Ś	35.06	11.262	ċ	463.65	ċ	394.83
-	585	•	Ą		Ų		3.797	۲	457.00	۲	385.22
PRESCRIPTION DRUGS	15	2,635 101		267,344.94 8,146.91		101.46	.146		543.13		11.74
SNF/ICF						80.66					
OUTPATIENTS	574	2,534		259,198.03		102.29	3.651		451.56		373.48
MEDICAL SUPPLIES	61	5,181	<u> </u>	6,669.39	<u> </u>	1.29	7.465	<u>^</u>	109.33	<u>^</u>	9.61
@DENTIST	16	47	\$	2,969.00	\$	63.17	.068	Ş	185.56	\$	4.28
VISITS - DIAGNOSTIC	8	12		265.00		22.08	.017		33.13		.38
ORAL SURGERY	1	23		929.00		40.39	.033		929.00		1.34
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		110.00		55.00	.003		110.00		.16
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	5	8	1,665.00	208.13	.012	333.00	2.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 2,294
MOP024	FEE-FOR-SERVICE/DENT.	AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR TITLE II DI	SREGARD - TOTAL				

DEE NOICIE COONTI	DOM:MAKE OF DERV	ICES FOR	111111111111111111111111111111111111111	I DIO	INDGAND TOTAL			M	וידומר	HT.Y AVERA	GE.	
694 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST				ш	COST PER
031 221012220	002110		OF CARE		2111 2112 2 1 0 1 1 2 2		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	12	011 21110	20	\$	410.73	\$	20.54	.029	\$	34.23	\$	.59
DIAGNOSTIC AND ANC. PROCED	2		3		86.89	·	28.96	.004		43.45		.13
EYE APPLIANCES	8		15		256.99		17.13	.022		32.12		.37
OTHER OPTOMETRIC SERVICES	2		2		66.85		33.43	.003		33.43		.10
@CHIROPRACTOR	3		4	\$	66.88	\$	16.72	.006	Ś	22.29	Ś	.10
VISITS	1		2		33.44	'	16.72	.003		33.44		.05
OTHER SERVICES	2		2		33.44		16.72	.003		16.72		.05
@PODIATRIST	13		18	\$	301.23	\$	16.74	.026	\$	23.17	\$	.43
MEDICINE/INJECTIONS	0		0	·	.00	·	.00	.000		.00		.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	13		18		301.23		16.74	.026		23.17		.43
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	3		3	S	41.72	\$	13.91		\$	13.91	\$	.06
NURSE MIDWIFE	0		Ō	\$	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	S	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		Ö	\$	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	82		197	Ś	19,838.40	Ś	100.70	.284		241.93	Ś	28.59
HOSP INPATIENT TOTAL	19		0		16,789.21	'	.00	.000		883.64		24.19
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19		0		16,789.21		.00	.000		883.64		24.19
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	79		197		3,049.19		15.48	.284		38.60		4.39
MEDICAL	Ō		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	Ō		0		.00		.00	.000		.00		.00
RADIOLOGY	Ō		0		.00		.00	.000		.00		.00
ROOM USE	Ō		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	79		197		3,049.19		15.48	.284		38.60		4.39
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

		•	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 2,295
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	CES FOR TITLE II DISF	REGARD - TOTAL				
					MON	THLY AVERAG	GE
694 ELIGIBLES	USERS (	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	82	197 \$	19,838.40	\$ 100.70	.284 \$	241.93	\$ 28.59
COMM HOSP INPATIENT TOTAL	19	0	16,789.21	.00	.000	883.64	24.19
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	19	0	16,789.21	.00	.000	883.64	24.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	79	197	3,049.19	15.48	.284	38.60	4.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	· ·	ŭ	• • • •	• • •	. 5 0 0	• • •	• • •

CROSSOVERS/ALL OTH OUTPTNT	79	197		3,049.19		15.48	.284		38.60		4.39
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	23	267	\$	69,034.43	\$	258.56	.385	\$	3001.50	\$	99.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	43		5,388.76		125.32	.062		5388.76		7.76
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	224		63,645.67		284.13	.323		2892.99		91.71
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	8	\$	131.39	\$	16.42	.012	\$	26.28	\$	.19
PATHOLOGY	5	8		131.39		16.42	.012		26.28		.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	150	297	\$	15,177.02	\$	51.10	.428	\$	101.18	\$	21.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	150	297		15,177.02		51.10	.428		101.18		21.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	Р	AGE 2,296
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DI	SREGARD - TOTAL							
							M	TNO	HLY AVERA	.GE	
694 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	ARE		PE:	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
ANTI OTHED DDONTINEDS	117	9/9	¢	9 911 40	¢	10 30	1 222	Ċ	75 31	Ċ	12 70

					MON	THLY AVERA	GE
694 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	117	848 \$	8,811.49	\$ 10.39	1.222 \$	75.31	\$ 12.70
DURABLE MED. EQUIP.	8	98	2,300.12	23.47	.141	287.52	3.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	373	871.01	2.34	.537	58.07	1.26
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	342	797.46	2.33	.493	72.50	1.15
OTHER SERVICES	4	31	73.55	2.37	.045	18.39	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	50	502.66	10.05	.072	26.46	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	327	5,137.70	15.71	.471	62.65	7.40
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	234	906	\$ 66,010.94	\$ 72.86	1.305	\$ 282.10	\$ 95.12
a			 				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,297 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUL	PPORT - AGED		AID CODE					
							MC	NT	HLY AVERA	GΕ	
456 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (			COST PER
		OR DAYS OF CARE	C		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	458	8 <b>,</b> 253	\$	281,761.97	\$	34.14	18.099		615.20		617.90
@PHYSICIANS SERVICES	66	173	\$	2,595.23	\$	15.00	.379	\$	39.32	\$	5.69
OUTPATIENT VISITS	1	1		.00		.00	.002		.00		.00
OFFICE VISITS	1	1		.00		.00	.002		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	65	172		2,595.23		15.09	.377		39.93		5.69
@PHARMACY	403	6,793	\$	202,411.49	\$	29.80	14.897	\$	502.26	\$	443.88
PRESCRIPTION DRUGS	389	1,984		197,340.34		99.47	4.351		507.30		432.76
SNF/ICF	7	38		2,949.83		77.63	.083		421.40		6.47
OUTPATIENTS	384	1,946		194,390.51		99.89	4.268		506.23		426.29
MEDICAL SUPPLIES	56	4,809		5,071.15		1.05	10.546		90.56		11.12
@DENTIST	5	13	\$	1,202.00	\$	92.46	.029	\$	240.40	\$	2.64
VISITS - DIAGNOSTIC	3	8		97.00		12.13	.018		32.33		.21
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	•									
PERIODONTICS	U	0		.00		.00	.000		.00		.00
ENDODONTICS	U	U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	O	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	4		1,105.00		276.25	.009		368.33		2.42
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU 1	DEC	2004	Ε	PAGE 2,298
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUE	PPORT - AGED		AID CODE	18				
							MO	TNC	HLY AVERA	GE	
456 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.007	\$	53.11	\$	.12
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		53.11		17.70	.007		53.11		.12
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	Ś	.00	\$	.00	.000	Ś	.00	\$	.00
VISITS	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	7	Ś	40.55	Ś	5.79	.015	\$	8.11	Ċ	.09
MEDICINE/INJECTIONS	5	0	۲	.00	۲	.00	.000	ې	.00	ې	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0									.00
RADIO./PATHOLOGY	0	-		.00		.00	.000		.00		
OTHER	5	7	<u> </u>	40.55	<u> </u>	5.79	.015	<u> </u>	8.11	<u> </u>	.09
@HOME HEALTH AGENCY	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	8	Ş	36.27	\$	4.53	.018	\$	36.27	\$	.08
NURSE MIDWIFE	U	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	60	304	\$	14,488.02	\$	47.66	.667	\$	241.47	\$	31.77
HOSP INPATIENT TOTAL	12	0		11,388.00		.00	.000		949.00		24.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	0		11,388.00		.00	.000		949.00		24.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	57	304		3,100.02		10.20	.667		54.39		6.80
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
DARIOLOGY	0	0		.00		.00	.000		.00		.00

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PATHOLOGY

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@COUNTY HOSPITAL TOTAL

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CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

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NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		n		.00		.00	.000		.00		.00
ANCILLARIES	0		n		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		O		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		n		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		n		.00		.00	.000		.00		.00
MEDICAL	0		n		.00		.00	.000		.00		.00
SURGERY	0		n		.00		.00	.000		.00		.00
PATHOLOGY	0		O		.00		.00	.000		.00		.00
RADIOLOGY	0		n		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		-	ES MONTH		EPORT.			)EC		P	AGE 2,299
MOP024	FEE-FOR-SERVICE/DEN		1101(1	ES MONTH	OF TATRENT IN	11 01(1	FOR OAN 2	.001 11110 1		2004		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES		HOME	SIIDDOBT	- ACED		AID CODE	1.8				03/14/03
DEE NORTE COONTI	SOMMAN OF SERVICES	TOIC IN	1101111	SOLIONI	AGED		AID CODE	MO	ידואר	HIV AVERA	GE.	
456 ELIGIBLES	USERS UNI	TS OF SER	VICE		EXPENDITURES	ΔVEI	RAGE COST	UNITS/DAY:		COST PER	-	COST PER
100 111011110		DAYS OF			DMIDNDITONDO			PER ELIG	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	60	30		\$	14,488.02	\$	47.66	.667	Ś	241.47		31.77
COMM HOSP INPATIENT TOTAL	12		0	Υ	11,388.00	Υ	.00	.000	٧	949.00	۲	24.97
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12		0		11,388.00		.00	.000		949.00		24.97
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	57	30	-		3,100.02		10.20	.667		54.39		6.80
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	57	30	4		3,100.02		10.20	.667		54.39		6.80
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	0		0		.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	38	8	\$	51,638.38	\$	133.09	.851	\$		\$	113.24
LEV A-INTERMEDIATE	0		0		.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
IDII D EDANGIETONAI ID CADD	0		0		0.0		0.0	0.00		0.0		0.0

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

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HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

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@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	6	\$	65.67	\$	10.95	.013	\$	10.95	\$	.14
PATHOLOGY	6	6		65.67		10.95	.013		10.95		.14
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	79	150	\$	6,348.53	\$	42.32	.329	\$	80.36	\$	13.92
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	79	150		6,348.53		42.32	.329		80.36		13.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	E	PAGE 2,300
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN HO	ME SU	PPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GE	
456 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	94	408	\$	2,882.72	\$	7.07	.895	\$	30.67	\$	6.32
DURABLE MED. EQUIP.	3	4		155.99		39.00	.009		52.00		.34
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		89.31		89.31	.002		89.31		.20
MEDICAL TRANSPORTATION	7	188		298.97		1.59	.412		42.71		.66
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	2	160		273.40		1.71	.351		136.70		.60
OTHER SERVICES	5	28		25.57		.91	.061		5.11		.06
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	7	14		132.12		9.44	.031		18.87		.29
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	3		78.78		26.26	.007		39.39		.17
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
76	198		2,127.55		10.75	.434		27.99		4.67
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
163	1,710	\$	27,687.32	\$	16.19	3.750	\$	169.86	\$	60.72
	0	0 0	0 \$	0       0       .00         0       0       .00         0       0       .00         0       0       .00         2       3       78.78         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         76       198       2,127.55         0       \$       .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         2       3       78.78         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         76       198       2,127.55         0       \$       .00       \$	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         2       3       78.78       26.26         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         76       198       2,127.55       10.75         0       \$       .00       \$	0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0<	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       3       78.78       26.26       .007       39.39         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00	0       0       .00       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,301
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 \$ @PHYSICIANS SERVICES .00 .00 .000 \$ .00 .00 .00 OUTPATIENT VISITS .00 .000 .00 .00 .00 .00 OFFICE VISITS .000 .00 .00 .00 HOME VISITS .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .00 .000 .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .000 .00 .00 .00 .00 **PSYCHIATRY** .00 .00 .00 .00 IMMUNIZATION AND INJECTION .000 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 .00 .00 \$ @PHARMACY .00 .000 \$ .00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 2,302
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID CODE	28		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 .000 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 .00 .00 EYE APPLIANCES 0 .000 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 .00 \$ .00 \$ @CHIROPRACTOR .00 .000 \$ .00 .00 .00 VISITS .000 .00 .00 .00 .00 OTHER SERVICES .000 .00 .00 \$ @PODIATRIST .00 \$ .00 .000 \$ .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. .00 .000 .00 .00 .00 .00 .00 .000 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 .00 .00 \$ .00 @HOME HEALTH AGENCY 0 .00 \$ .000 \$ .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 \$ .000 \$ .00 \$ .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 \$ .000 \$ .00 \$ .00 .00 \$ .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 \$ .00 .000 \$ .00 \$ .00 .00 HOSP INPATIENT TOTAL .00 .000 .00 .00 .00 .00 .00 .000 HSC HOSPITALS .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .00 ADMINISTRATIVE DAYS .000 0 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 .000 ANCILLARIES .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .000 .00 HOSP OUTPATIENT TOTAL MEDICAL 0 .00 .00 .000 .00 .00 0 .00 SURGERY 0 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00

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					MON	THLY AVERAGE	;
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	Û		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ċ	.00		.00	.000	Ŝ	.00	\$	.00
•	0	0	Ÿ					ې		Ÿ	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	Ü	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-	OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC 2004		PAGE	2,304
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					
							N	MONTHLY A	VERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,305 FEE-FOR-SERVICE/DENTAL

03/14/05

MOE 024	LEE LOW SEKATO	E/DENIAL						03/14/0
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUPPO	RT - DISABLED	AID CODE	68		
						MON	THLY AVERA	GE
247 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	210	4,531	\$	152,501.14	\$ 33.66	18.344 \$	726.20	\$ 617.41
@PHYSICIANS SERVICES	43	227	\$	3,035.94		.919 \$	70.60	\$ 12.29
OUTPATIENT VISITS	5	14		293.32	20.95	.057	58.66	1.19
OFFICE VISITS	5	14		293.32	20.95	.057	58.66	1.19
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		38.43	38.43	.004	38.43	.16
EXAMINATIONS	1	1		38.43	38.43	.004	38.43	.16
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	8		47.28	5.91	.032	15.76	.19

RADIOLOGY	6	12		589.21		49.10	.049		98.20		2.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		5.75		5.75	.004		5.75		.02
OTHER SERVICES/ALL X-OVERS	37	191		2,061.95		10.80	.773		55.73		8.35
@PHARMACY	178	2,893	\$	106,016.97	\$	36.65	11.713	\$	595.60	\$	429.22
PRESCRIPTION DRUGS	172	751		104,538.74		139.20	3.040		607.78		423.23
SNF/ICF	6	40		1,999.58		49.99	.162		333.26		8.10
OUTPATIENTS	170	711		102,539.16		144.22	2.879		603.17		415.14
MEDICAL SUPPLIES	19	2,142		1,478.23		.69	8.672		77.80		5.98
@DENTIST	6	43	\$	3,364.00	\$	78.23	.174	\$	560.67	\$	13.62
VISITS - DIAGNOSTIC	2	3		50.00		16.67	.012		25.00		.20
ORAL SURGERY	4	37		2,314.00		62.54	.150		578.50		9.37
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.004		100.00		.40
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.008		900.00		3.64
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 2,306
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- DISABLED		AID COD	E 68				

							M	ONT	HLY AVERA	GΕ	
247 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	€.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	15	\$	282.22	\$	18.81		\$	56.44	\$	1.14
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	4	15		234.77		15.65	.061		58.69		.95
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.19
@CHIROPRACTOR	4	4	\$	66.88	\$	16.72	.016	\$	16.72	\$	.27
VISITS	4	4		66.88		16.72	.016		16.72		.27
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	30	76	\$	6,194.74	\$	81.51	.308	\$	206.49	\$	25.08
HOSP INPATIENT TOTAL	3	0		2,083.66		.00	.000		694.55		8.44
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	3	0	2,083.66	.00	.000	694.55	8.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	76	4,111.08	54.09	.308	146.82	16.64
MEDICAL	4	5	252.58	50.52	.020	63.15	1.02
SURGERY	1	2	157.49	78.75	.008	157.49	.64
PATHOLOGY	1	6	60.69	10.12	.024	60.69	.25
RADIOLOGY	9	14	2,529.18	180.66	.057	281.02	10.24
ROOM USE	3	3	119.24	39.75	.012	39.75	.48
CROSSOVERS/ALL OTH OUTPINT	19	46	991.90	21.56	.186	52.21	4.02
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	· · · · · · · · · · · · · · · · · · ·		MONTH-OF-PAYMENT RE				PAGE 2,307
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MOP024	FEE-FOR-SERVICE	DENTAL					03/14/05
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE,		UPPORT - DISABLED	AID CODE	68		03/14/05
MOPU24 DEL NORTE COUNTY		DENTAL CES FOR IN HOME S	UPPORT - DISABLED	AID CODE	68 MON	THLY AVERA	
			UPPORT - DISABLED  EXPENDITURES	AID CODE	MON		
DEL NORTE COUNTY	SUMMARY OF SERV	CCES FOR IN HOME S			MON UNITS/DAYS		GE
DEL NORTE COUNTY	SUMMARY OF SERV	CES FOR IN HOME S UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER USER	GE COST PER ELIGIBLE
DEL NORTE COUNTY  247 ELIGIBLES	SUMMARY OF SERV	CCES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 30	CCES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 76 \$	EXPENDITURES 6,194.74	AVERAGE COST PER UNIT/DAY \$ 81.51	MON UNITS/DAYS PER ELIG .308 \$	COST PER USER 206.49	GE COST PER ELIGIBLE \$ 25.08
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVE USERS 30 3	CCES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0	EXPENDITURES 6,194.74 2,083.66	AVERAGE COST PER UNIT/DAY \$ 81.51 .00	MON UNITS/DAYS PER ELIG .308 \$ .000	COST PER USER 206.49 694.55	GE COST PER ELIGIBLE \$ 25.08 8.44
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 30 3	CCES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0	EXPENDITURES 6,194.74 2,083.66 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00	MON UNITS/DAYS PER ELIG .308 \$ .000 .000	COST PER USER 206.49 694.55 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS 30 3 0	CCES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0	EXPENDITURES 6,194.74 2,083.66 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00	MON UNITS/DAYS PER ELIG .308 \$ .000 .000	COST PER USER 206.49 694.55 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS 30 3 0	CCES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000	COST PER USER 206.49 694.55 .00 .00	GE  COST PER  ELIGIBLE  \$ 25.08  8.44  .00  .00  .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0	CCES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000	COST PER USER 206.49 694.55 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0	CCES FOR IN HOME S  UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000	COST PER USER 206.49 694.55 .00 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000	COST PER USER 206.49 694.55 .00 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 3	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 3 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 3 0 28	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 76	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 3 0 0 28 4	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 76 5	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 76 5 2	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .100 .00 .00 .0	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1	CCES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 76 5 2 6	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1 9	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 0 0 76 5 2 6 14	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .10 .00 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1 9 3	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 0 0 76 5 2 6 14 3	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 2,083.66 .00 4,111.08 252.58 157.49 60.69 2,529.18 119.24 991.90	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .146.82 63.15 157.49 60.69 281.02 39.75 52.21	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1 9 3 19	CCES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 0 0 76 5 2 6 14 3 46	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 .00 2,083.66 .00 4,111.08 252.58 157.49 60.69 2,529.18 119.24 991.90	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 .00 .146.82 63.15 157.49 60.69 281.02 39.75 52.21	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1 1 9 3 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 2,083.66 .00 4,111.08 252.58 157.49 60.69 2,529.18 119.24 991.90 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 694.55 .00 146.82 63.15 157.49 60.69 281.02 39.75 52.21 .00 .00	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1 1 9 3 19 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  76 \$ 0 0 0 0 0 0 0 0 0 0 0 0 76 5 2 6 14 3 46 0 \$ 0 \$	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 2,083.66 .00 4,111.08 252.58 157.49 60.69 2,529.18 119.24 991.90 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG .308 \$ .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 694.55 .00 146.82 63.15 157.49 60.69 281.02 39.75 52.21 .00 .00 .00 .00 2110.87	GE COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00
247 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE  USERS  30 3 0 0 0 0 0 0 0 0 28 4 1 1 1 9 3 19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CCES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 76 \$ 0 0 0 0 0 0 0 0 0 0 0 0 76 5 2 6 14 3 46 0 \$ 0 0 0 \$	EXPENDITURES  6,194.74 2,083.66 .00 .00 .00 .00 .00 .00 2,083.66 .00 4,111.08 252.58 157.49 60.69 2,529.18 119.24 991.90 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 81.51 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MON UNITS/DAYS PER ELIG	COST PER USER 206.49 694.55 .00 .00 .00 .00 .00 .00 694.55 .00 146.82 63.15 157.49 60.69 281.02 39.75 52.21 .00 .00	GE  COST PER ELIGIBLE \$ 25.08 8.44 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0		0		.00	)	.00	.000	)	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	)	.00	.000	)	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	)	.00	.000	)	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	)	.00	.000	)	.00		.00
LEV B-REGULAR	7		80		14,776.10	)	184.70	.324	l	2110.87		59.82
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	) \$	.00	.000	) \$	.00	\$	.00
ICF DDH	0		0		.00	)	.00	.000	)	.00		.00
ICF DD	0		0		.00	)	.00	.000	)	.00		.00
ICF DDN/DDCN	0		0		.00	)	.00	.000	)	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	) \$	.00	.000	) \$	.00	\$	.00
HOSPITAL BASED	0		0		.00	)	.00	.000	)	.00		.00
HEMODIALYSIS CENTER	0		0		.00	)	.00	.000	)	.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	) \$	.00	.000	) \$	.00	\$	.00
HOSPITAL BASED	0		0		.00	)	.00	.000	)	.00		.00
INDEPENDENT FACILITY	0		0		.00	)	.00	.000	)	.00		.00
@LABORATORY FACILITY	10		25	\$	336.25	\$	13.45	.101	. \$	33.63	\$	1.36
PATHOLOGY	9		21		308.65	· )	14.70	.085	5	34.29		1.25
XO AND OTHERS	1		4		27.60	)	6.90	.01	5	27.60		.11
@ORGANIZED OUTPATIENT CLINIC	65	1	93	\$	10,854.42	\$	56.24	.782	. \$	166.99	\$	43.95
CLINIC	0		0		.00	)	.00	.000	)	.00		.00
SURGICENTER	0		0		.00	)	.00	.000	)	.00		.00
HEROIN DETOX CLINIC	0		0		.00	)	.00	.000	)	.00		.00
RURAL HEALTH CLINIC	65	1	93		10,854.42		56.24	.782	-	166.99		43.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		DITURE	S MONTH	-OF-PAYMENT	REPORT	FOR JAN	2004 THR	J DEC	2004	P.	AGE 2,308
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR IN	HOME	SUPPORT	- DISABLED		AID CODE	68				
									INOM	THLY AVERA	GE	
247 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES		RAGE COST	,	-	COST PER		COST PER
		OR DAYS OF					. UNIT/DAY		-	USER		ELIGIBLE
@ALL OTHER PROVIDERS	56	9	75	\$	7,573.62	\$	7.77	3.94	7 \$	135.24	\$	30.66

247 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	56	975 \$	7,573.62	\$ 7.77	3.947 \$	135.24	\$ 30.66
DURABLE MED. EQUIP.	1	1	24.68	24.68	.004	24.68	.10
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	56	315.65	5.64	.227	63.13	1.28
AMBULANCES/AIR TRANS	2	23	215.15	9.35	.093	107.58	.87
OTHER TRANS	1	18	72.45	4.03	.073	72.45	.29
OTHER SERVICES	2	15	28.05	1.87	.061	14.03	.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	9	41	5,945.68	145.02	.166	660.63	24.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	14	133.34	9.52	.057	26.67	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	40	863	1,154.27	1.34	3.494	28.86	4.67
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	58	682	\$ 11,117.83	\$ 16.30	2.761	\$ 191.69	\$ 45.01

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,309 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

DEE NORTE COUNTY	DOLLARINI OF CONVIOUS FOR IN HOLD SOFFORE FORE			MONTHLY AVERAGE							
703 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@TOTAL, ALL PROVIDERS	668	12,784 \$	434,263.11	\$ 33.97	18.185 \$	650.09	\$ 617.73				
@PHYSICIANS SERVICES	109	400 \$	5,631.17	\$ 14.08	.569 \$	51.66	\$ 8.01				
OUTPATIENT VISITS	6	15	293.32	19.55	.021	48.89	.42				
OFFICE VISITS	6	15	293.32	19.55	.021	48.89	.42				
HOME VISITS	0	0	.00	.00	.000	.00	.00				
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00				
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00				
OB VISITS/COMPRE PERI	Ō	0	.00	.00	.000	.00	.00				
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00				
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00				
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00				
CRITICAL CARE	0	0	.00	.00	.000	.00	.00				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00				
OPHTHALMOLOGICAL SERVICES	1	1	38.43	38.43	.001	38.43	.05				
EXAMINATIONS	1	1	38.43	38.43	.001	38.43	.05				
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00				
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00				
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00				
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00				
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00				
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00				
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00				
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00				
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00				
DIALYSIS	0	0	.00	.00	.000	.00	.00				
PATHOLOGY	3	8	47.28	5.91	.011	15.76	.07				
RADIOLOGY	6	12	589.21	49.10	.017	98.20	.84				
PSYCHIATRY	0	0	.00	.00	.000	.00	.00				
IMMUNIZATION AND INJECTION	1	1	5.75	5.75	.001	5.75	.01				
OTHER SERVICES/ALL X-OVERS	102	363	4,657.18	12.83	.516	45.66	6.62				
@PHARMACY	581	9,686 \$	308,428.46	\$ 31.84	13.778 \$	530.86					
PRESCRIPTION DRUGS	561	2,735	301,879.08	110.38	3.890	538.11	429.42				
SNF/ICF	13	78	4,949.41	63.45	.111	380.72	7.04				
OUTPATIENTS	554	2,657	296,929.67	111.75	3.780	535.97	422.38				
MEDICAL SUPPLIES	75	6,951	6,549.38	.94	9.888	87.33	9.32				
@DENTIST	11	56 \$	4,566.00	\$ 81.54	.080 \$		\$ 6.50				
VISITS - DIAGNOSTIC	5	11	147.00	13.36	.016	29.40	.21				
ORAL SURGERY	4	37	2,314.00	62.54	.053	578.50	3.29				
DRUGS	0	0	.00	.00	.000	.00	.00				
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.14				
PERIODONTICS	0	0	.00	.00	.000	.00	.00				
ENDODONTICS	0	0	.00	.00	.000	.00	.00				
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00				
PROSTHETICS	0	0	.00	.00	.000	.00	.00				

DENTURES, STAYPLATES	4	6	2,005.00	334.17	.009	501.25	2.85
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 2,310
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES E	FOR IN HOME SU	PPORT - TOTAL				

							M	ONT	THLY AVERA	.GE	
703 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	18	\$	335.33	\$	18.63	.026	\$	55.89	\$	.48
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	5	18		287.88		15.99	.026		57.58		.41
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.07
@CHIROPRACTOR	4	4	\$	66.88	\$	16.72	.006	\$	16.72	\$	.10
VISITS	4	4		66.88		16.72	.006		16.72		.10
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	7	\$	40.55	\$	5.79	.010	\$	8.11	\$	.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	7		40.55		5.79	.010		8.11		.06
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	8	\$	36.27	\$	4.53	.011	\$	36.27	\$	.05
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	90	380	\$	20,682.76	\$	54.43	.541	\$	229.81	\$	29.42
HOSP INPATIENT TOTAL	15	0		13,471.66		.00	.000		898.11		19.16
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	0		13,471.66	.00	.000	898.11	19.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	380		7,211.10	18.98	.541	84.84	10.26
MEDICAL	4	5		252.58	50.52	.007	63.15	.36
SURGERY	1	2		157.49	78.75	.003	157.49	.22
PATHOLOGY	1	6		60.69	10.12	.009	60.69	.09
RADIOLOGY	9	14		2,529.18	180.66	.020	281.02	3.60
ROOM USE	3	3		119.24	39.75	.004	39.75	.17
CROSSOVERS/ALL OTH OUTPINT	76	350		4,091.92	11.69	.498	53.84	5.82
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00		.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00		.00	.00
RADIOLOGY	0	0		.00	.00		.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N	MONTH-OF-PAYMENT RE	EPORT FOR JA	N 2004 THRU	DEC 2004	PAGE 2,311
MOP024	FEE-FOR-SERVICE/DENTA							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR IN HOM	E SUE	PPORT - TOTAL				
500			_			N	MONTHLY AVERA	GE

700 BITGIBIEG	HODDO	IDITED OF SERVICE	DANDAMIDEC.	317ED36E 666E	IINITEG /DAMG	COCH DED	GOOM DED
703 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90	380 \$	20,682.76	\$ 54.43	.541 \$	229.81	\$ 29.42
COMM HOSP INPATIENT TOTAL	15	0	13,471.66	.00	.000	898.11	19.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	15	0	13,471.66	.00	.000	898.11	19.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	380	7,211.10	18.98	.541	84.84	10.26
MEDICAL	4	5	252.58	50.52	.007	63.15	.36
SURGERY	1	2	157.49	78.75	.003	157.49	.22
PATHOLOGY	1	6	60.69	10.12	.009	60.69	.09
RADIOLOGY	9	14	2,529.18	180.66	.020	281.02	3.60
ROOM USE	3	3	119.24	39.75	.004	39.75	.17

CROSSOVERS/ALL OTH OUTPINT	76	350		4,091.92		11.69	.498		53.84		5.82
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	468	\$	66,414.48	\$	141.91	.666	\$	2767.27	\$	94.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	24	468		66,414.48		141.91	.666		2767.27		94.47
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	31	\$	401.92	\$	12.97	.044	\$	25.12	\$	.57
PATHOLOGY	15	27		374.32		13.86	.038		24.95		.53
XO AND OTHERS	1	4		27.60		6.90	.006		27.60		.04
@ORGANIZED OUTPATIENT CLINIC	144	343	\$	17,202.95	\$	50.15	.488	\$	119.46	\$	24.47
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	144	343		17,202.95		50.15	.488		119.46		24.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC	2004	PP	AGE 2,312
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IN HO	ME SUPPORT	- TOTAL							
	MONTHLY AVERAGE										

				MONTHLY AVERAGE					
703 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@ALL OTHER PROVIDERS	150	1,383 \$	10,456.34	\$ 7.56	1.967	69.71	\$ 14.87		
DURABLE MED. EQUIP.	4	5	180.67	36.13	.007	45.17	.26		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	1	1	89.31	89.31	.001	89.31	.13		
MEDICAL TRANSPORTATION	12	244	614.62	2.52	.347	51.22	.87		
AMBULANCES/AIR TRANS	2	23	215.15	9.35	.033	107.58	.31		
OTHER TRANS	3	178	345.85	1.94	.253	115.28	.49		
OTHER SERVICES	7	43	53.62	1.25	.061	7.66	.08		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	9	41	5 <b>,</b> 945.68	145.02	.058	660.63	8.46		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	12	28	265.46	9.48	.040	22.12	.38		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	2	3	78.78	26.26	.004	39.39	.11		

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	116	1,061	3,281.82	3.09	1.509	28.29	4.67
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	221	2,392	\$ 38,805.15	\$ 16.22	3.403	\$ 175.59	\$ 55.20

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,313 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED							,,
							MC	NT.	HLY AVERA		
3,208 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,798	54 <b>,</b> 809	\$	• •	\$	23.97	17.085		469.51		409.50
@PHYSICIANS SERVICES	445	1,099	\$	•	\$	14.73	.343	\$	36.39	\$	5.05
OUTPATIENT VISITS	3	3		48.00		16.00	.001		16.00		.01
OFFICE VISITS	3	3		48.00		16.00	.001		16.00		.01
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	2		80.30		40.15	.001		80.30		.03
EXAMINATIONS	1	2 0		80.30		40.15	.001		80.30		.03
SERVICES AND MATERIALS	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0				.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	1	0		.00 12.89		.00	.000		.00 12.89		.00
PATHOLOGY RADIOLOGY	1	1		28.23		12.89 28.23	.000		28.23		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	440	1,092		16,023.72		14.67	.340		36.42		4.99
@PHARMACY	2,356	36,494	\$	851,076.17	Ċ	23.32	11.376	¢	361.24	Ċ	265.30
PRESCRIPTION DRUGS	2,299	9,766	Y	829,187.93	Ÿ	84.91	3.044	Ÿ	360.67	Y	258.48
SNF/ICF	73	548		44,578.47		81.35	.171		610.66		13.90
OUTPATIENTS	2 <b>,</b> 236	9,218		784,609.46		85.12	2.873		350.90		244.58
MEDICAL SUPPLIES	243	26,728		21,888.24		.82	8.332		90.08		6.82
@DENTIST	50	144	\$	14,363.00	Ś	99.74	.045	Ś	287.26	S	4.48
VISITS - DIAGNOSTIC	24	45	Y	788.00	Y	17.51	.014	~	32.83	Y	.25
ORAL SURGERY	5	36		1,901.00		52.81	.014		380.20		.59
OLVET DOLVETICE	5	30		1,901.00		J2.01	.011		200.20		• 5 5

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0	0		.00	1	.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.03
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.02
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.02
	3	3									
RESTORATIVE DENTISTRY	0	0		177.00		59.00	.001		59.00		.06
PROSTHETICS	•			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	27	55		11,342.00		206.22	.017		420.07		3.54
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	3		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT	REPOR	T FOR JAN	2004 THRU I	DEC	2004	Р	AGE 2,314
MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC F	ASSI	STANCE - AGED							
									THLY AVERA	-	
3,208 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			T UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	49	118	\$	2,399.40		20.33	.037	\$	48.97	\$	.75
DIAGNOSTIC AND ANC. PROCED	12	15		520.51		34.70	.005		43.38		.16
EYE APPLIANCES	37	99		1,699.88	1	17.17	.031		45.94		.53
OTHER OPTOMETRIC SERVICES	5	4		179.01		44.75	.001		35.80		.06
@CHIROPRACTOR	4	8	\$	68.03	\$	8.50	.002	\$	17.01	\$	.02
VISITS	0	0		.00	1	.00	.000		.00		.00
OTHER SERVICES	4	8		68.03	}	8.50	.002		17.01		.02
@PODIATRIST	49	74	\$	864.99	\$	11.69	.023	\$	17.65	\$	.27
MEDICINE/INJECTIONS	0	0		.00	1	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	1	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	1	.00	.000		.00		.00
OTHER	49	74		864.99	)	11.69	.023		17.65		.27
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	4	11	\$	77.99	\$	7.09	.003	\$	19.50	\$	.02
NURSE MIDWIFE	0	0	\$	.00		.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	12.41		12.41	.000	\$	12.41	\$	.00
@TOTAL HOSPITAL	297	874	Ś	78,592.92		89.92		\$	264.62	Ś	24.50
HOSP INPATIENT TOTAL	63	8	'	65,121.49		8140.19	.002		1033.67		20.30
HSC HOSPITALS	1	8		8,190.13		1023.77	.002		8190.13		2.55
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	62	0		.00 56,931.36		.00	.000		918.25		17.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	279	866		13,471.43		15.56	.270		48.28		4.20
MEDICAL	0	0		•		.00	.000		.00		.00
MEDICAL SURGERY	0	0		.00		.00	.000		.00		.00
SURGERI DAMIOLOGY	0	0		.00		.00	.000		.00		.00

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PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITIBES MO					PAGE 2,315
MOP024	FEE-FOR-SERVICE/DENT			TOTAL TOTA OTHER	LOOT THING DEC	2001	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES		STANCE - AGED				03/11/03
DEE NORTH COONTI	BOTH HILL OF BEILVICES	TOIC TODDIC MODIL	017111021 71022		MONT	HIY AVERAC	E
3,208 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
3,200 EETCIDEEC		DAYS OF CARE	EXILINDITORES	PER UNIT/DAY	, -	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	297	874 \$	78,592.92	\$ 89.92	.272 \$		
COMM HOSP INPATIENT TOTAL	63	8		8140.19	·	1033.67	20.30
HSC HOSPITALS	1	8	8,190.13	1023.77	.002	8190.13	2.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	62	0	56,931.36	.00	.000	918.25	17.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
THE CHILDY THITTHEFT	•	•	• 0 0	• • • •	• 0 0 0	• 0 0	• • • •

COMM HOSP OUTPATIENT TOTAL	279	866		13,471.43		15.56	.270		48.28		4.20
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		866		13,471.43		15.56	.270		48.28		4.20
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	89	1,722	\$	280,084.87	\$	162.65	.537	\$	3147.02	\$	87.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	43		5,388.76		125.32	.013		5388.76		1.68
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	88	1,679		274,696.11		163.61	.523		3121.55		85.63
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	47	\$	521.39	\$	11.09	.015	\$	18.62	\$	.16
PATHOLOGY	26	38		495.28		13.03	.012		19.05		.15
XO AND OTHERS	2	9		26.11		2.90	.003		13.06		.01
@ORGANIZED OUTPATIENT CLINIC	570	938	\$	42,860.37	\$	45.69	.292	\$	75.19	\$	13.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		8.52		8.52	.000		8.52		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	570	937		42,851.85		45.73	.292		75.18		13.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PI	AGE 2,316
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	C ASSI	ISTANCE - AGED							

EXPENDITURES 3,208 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 528 13,279 26,560.94 4.139 \$ 50.30 \$ 2.00 8.28 162.89 DURABLE MED. EQUIP. 17 109 2,769.15 25.41 .034 .86 0 .00 BLOOD BANK 0 .00 .00 .000 .00 5 5 2,065.83 413.17 HEARING AID DISPENSERS 413.17 .002 .64 MEDICAL TRANSPORTATION 35 840 1,687.93 2.01 .262 48.23 .53 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 .00 17 1,493.22 2.03 .229 87.84 .47 OTHER TRANS 736 OTHER SERVICES 18 104 194.71 1.87 .032 10.82 .06 0 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .000 GENETIC DISEASE TESTING 0 Ω .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 OPTICIAN 74 178 2,133.89 11.99 28.84 .055 .67 PHYSICAL THERAPIST .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PROSTHETIST/ORTHOTISTS         0         0         .00	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST         0         0         .0	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY       7       8       1,181.60       147.70       .002       168.80       .37         HOSPICE SERVICES       0       0       .00       .00       .00       .00       .00       .00         NONINST BIRTHING CENTERS       0       0       .00       .00       .00       .00       .00       .00       .00         LOCAL EDUCATION AGENCIES       0       0       .00       .00       .00       .00       .00       .00       .00         EPSDT SUPPLEMENTAL SERVICE       0       0       .00       .00       .00       .00       .00       .00       .00         RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       .00       .00       .00       .00       .00       .00       .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES       0       0       .00	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS       0       0       .00	SPEECH AND AUDIOLOGY	7	8	1,181.60	147.70	.002	168.80	.37
LOCAL EDUCATION AGENCIES       0       0       .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE       0       0       .00       .00       .00       .00       .00       .00         RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00       .00       .00	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.       0       0       .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
ALT. OTHER PROVIDERS 410 12 139 16 722 54 1 38 3 784 40 79 5 21	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER TROVIDERS 410 12,139 10,722.34 1.30 3.704 40.79 3.21	ALL OTHER PROVIDERS	410	12,139	16,722.54	1.38	3.784	40.79	5.21
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP** 998 4,341 \$ 182,776.66 \$ 42.10 1.353 \$ 183.14 \$ 56.98	@XOVER EXCLUDING STATE HOSP**	998	4,341	\$ 182,776.66	\$ 42.10	1.353	\$ 183.14	\$ 56.98

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,317 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

Signature   Signature   State   Stat	DEE NORTE COONTI	SOPPART OF SER	VICES FOR TOBLEC A	ODIDI	IANCE DEIND		MO	אוחווו ע אווחווו	CE
CTOTAL, ALL PROVIDERS	211 FLICTRIES	HOEDO	INTER OF CEDITOR		EVDENDIBLIDEC	ATTEDACE COOM			
### REPOYLDERS	311 FLIGIBLES	USEKS			EXPENDITURES				
QPHYSICIANS SERVICES         50         129         \$ 6,822.78         \$ 52.89         .415         \$ 136.46         \$ 21.99           OUTPATIENT VISITS         15         21         931.19         44.34         .068         62.08         2.99           OFFICE VISITS         14         19         826.45         43.50         .061         59.03         2.66           HOME VISITS         0         0         .00         <	GEORGI ALL DROUTDERS	2.42		ċ	126 725 F1				
OUTPATIENT VISITS 15 21 931.19 44.34 .068 62.08 2.99 OFFICE VISITS 14 19 826.45 43.50 .061 59.03 2.66 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	•		•			·			·
OFFICE VISITS 14 19 826.45 43.50 0.61 59.03 2.66 HOME VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	-			\$					•
HOME VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
EMERGENCY ROOM         1         1         1         44.60         .44.60         .003         44.60         .14           PREVENTIVE CARE         0         0         .00		14							
PREVENTIVE CARE         0         0         .00 <th< td=""><td></td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		0	0						
OB VISITS/COMPRE PERI 0 0 0 0 0.00 .00 .00 .00 .00 .00 OTHER OUTPATTENT 1 1 1 60.14 60.14 .003 60.14 .19 INPATIENT VISITS 4 15 1,016.56 67.77 .048 254.14 3.27 HOSPITAL VISITS 4 14 14 792.31 56.59 .045 198.08 2.55 CRITICAL CARE 1 1 1 224.25 224.25 .003 224.25 .72 SNF/TCF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 1 1 1 37.15 37.15 .003 37.15 .12 EXAMINATIONS 1 1 1 37.15 37.15 .003 37.15 .12 EXAMINATIONS 1 1 1 37.15 37.15 .003 37.15 .12 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1	1						
OTHER OUTPATIENT         1         1         60.14         60.14         .003         60.14         .19           INPATIENT VISITS         4         15         1,016.56         67.77         .048         254.14         3.27           HOSPITAL VISITS         4         14         792.31         56.59         .045         198.08         2.55           CRITICAL CARE         1         1         224.25         224.25         .003         224.25         .72           SNF/ICF/TRANS IP CARE         0         0         .00		0	0						
INPATIENT VISITS		0	0						
HOSPITAL VISITS		1	1						
CRITICAL CARE 1 1 1 224.25 224.25 .003 224.25 .72 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT VISITS	4			1,016.56		.048		
SNF/ICF/TRANS IP CARE         0         0         .00         .00         .00         .00         .00           OPHTHALMOLOGICAL SERVICES         1         1         37.15         37.15         .003         37.15         .12           EXAMINATIONS         1         1         37.15         37.15         .003         37.15         .12           SERVICES AND MATERIALS         0         0         .00		4	14						
OPHTHALMOLOGICAL SERVICES         1         1         37.15         .003         37.15         .12           EXAMINATIONS         1         1         1         37.15         .003         37.15         .12           SERVICES AND MATERIALS         0         0         .00         .00         .00         .00         .00         .00           INPATIENT HOSPITAL SURGERY         0         0         .00         .00         .00         .00         .00         .00           PRINCIPAL SURGEON         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIOLOGIST         0         0         .00         .00         .00         .00         .00         .00           OUTPATIENT SURGEON         4         4         203.87         50.97         .013         50.97         .66           PRINCIPAL SURGEON         4         4         203.87         50.97         .013         50.97         .66           ASSISTANT SURGEON         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         <	CRITICAL CARE	1	1		224.25	224.25	.003	224.25	.72
EXAMINATIONS         1         1         37.15         37.15         .003         37.15         .12           SERVICES AND MATERIALS         0         0         .00	SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS         0         0         .00	OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.003	37.15	.12
INPATIENT HOSPITAL SURGERY   0   0   0   0   0   0   0   0   0	EXAMINATIONS	1	1		37.15	37.15	.003	37.15	.12
PRINCIPAL SURGEON         0         0         .00         <	SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY         4         4         203.87         50.97         .013         50.97         .66           PRINCIPAL SURGEON         4         4         203.87         50.97         .013         50.97         .66           ASSISTANT SURGEON         0         0         .00         .00         .00         .00         .00           ANESTHESIOLOGIST         0         0         .00         .00         .00         .00         .00         .00           DIALYSIS         0         0         .00         .00         .00         .00         .00         .00           PATHOLOGY         2         2         2         5.14         2.57         .006         2.57         .02           RADIOLOGY         7         8         60.94         7.62         .026         8.71         .20           PSYCHIATRY         0         0         .00         .00         .00         .00         .00	ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON         4         4         203.87         50.97         .013         50.97         .66           ASSISTANT SURGEON         0         0         .0	ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 0.00 .00 .000 .000 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OUTPATIENT SURGERY	4	4		203.87	50.97	.013	50.97	.66
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	4	4		203.87	50.97	.013	50.97	.66
DIALYSIS       0       0       .00       .00       .00       .00       .00         PATHOLOGY       2       2       5.14       2.57       .006       2.57       .02         RADIOLOGY       7       8       60.94       7.62       .026       8.71       .20         PSYCHIATRY       0       0       .00       .00       .00       .00       .00       .00	ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
PATHOLOGY       2       2       5.14       2.57       .006       2.57       .02         RADIOLOGY       7       8       60.94       7.62       .026       8.71       .20         PSYCHIATRY       0       0       .00       .00       .00       .00       .00       .00	ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
RADIOLOGY 7 8 60.94 7.62 .026 8.71 .20 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00	DIALYSIS	0	0		.00	.00	.000	.00	.00
PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00	PATHOLOGY	2	2		5.14	2.57	.006	2.57	.02
	RADIOLOGY	7	8		60.94	7.62	.026	8.71	.20
IMMINITATION AND INJECTION 4 20 3.218 30 160 92 064 804 58 10 35	PSYCHIATRY	0	0		.00	.00	.000	.00	.00
	IMMUNIZATION AND INJECTION	4	20		3,218.30	160.92	.064	804.58	10.35
OTHER SERVICES/ALL X-OVERS 35 58 1,349.63 23.27 .186 38.56 4.34		35							
@PHARMACY 211 9,773 \$ 90,697.39 \$ 9.28 31.424 \$ 429.85 \$ 291.63				\$	•				
PRESCRIPTION DRUGS 206 871 84,374.69 96.87 2.801 409.59 271.30			•		•			•	·

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	3	20		1,530.91		76.55	.064	510.	30		4.92	
OUTPATIENTS	203	851		82,843.78		97.35	2.736	408.			266.38	
MEDICAL SUPPLIES	49	8,902		6,322.70		.71	28.624	129.	.03		20.33	
@DENTIST	2	31	\$	1,361.00	\$	43.90	.100	\$ 680.	50	\$	4.38	
VISITS - DIAGNOSTIC	2	8		174.00		21.75	.026	87.	0.0		.56	
ORAL SURGERY	1	22		1,087.00		49.41	.071	1087.	.00		3.50	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	1	1		100.00	1	00.00	.003	100.	0.0		.32	
PERIODONTICS	0	0		.00		.00	.000		0.0		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		0.0		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		0.0		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		0.0		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		0.0		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		0.0		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		0.0		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-	OF-PAYMENT RE	EPORT F	OR JAN	2004 THRU	DEC 2004		PAG	GE 2,318	
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05	

DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

AVERAGE COST UNITS/DAYS COST PER   COST PER
OR DAYS OF CARE   PER UNIT/DAY PER ELIG   USER   ELIGIBLE
@OPTOMETRIST         6         13         \$         1,046.05         \$         80.47         .042         \$         174.34         \$         3.36           DIAGNOSTIC AND ANC. PROCED         3         3         113.55         37.85         .010         37.85         .37           EYE APPLIANCES         5         10         932.50         93.25         .032         186.50         3.00           OTHER OPTOMETRIC SERVICES         0         0         .00         .00         .00         .00         .00         .00           @CHIROPRACTOR         1         1         \$         16.72         \$         16.72         \$         .05           VISITS         0         0         .00         .00         .00         .00         .00         .00         .00           OTHER SERVICES         1         1         1         16.72         16.72         .003         16.72         .05           @PODIATRIST         1         1         \$         24.00         \$         24.00         .003         \$         24.00         \$         .08
DIAGNOSTIC AND ANC. PROCED         3         3         113.55         37.85         .010         37.85         .37           EYE APPLIANCES         5         10         932.50         93.25         .032         186.50         3.00           OTHER OPTOMETRIC SERVICES         0         0         .00         .00         .00         .00         .00           @CHIROPRACTOR         1         1         \$         16.72         \$         16.72         \$         .05           VISITS         0         0         .00
EYE APPLIANCES       5       10       932.50       93.25       .032       186.50       3.00         OTHER OPTOMETRIC SERVICES       0       0       .00       .00       .00       .00       .00       .00         @CHIROPRACTOR       1       1       \$       16.72       \$       16.72       \$       .05         VISITS       0       0       .00       .00       .00       .00       .00       .00       .00         OTHER SERVICES       1       1       1       16.72       16.72       .003       16.72       .05         @PODIATRIST       1       1       \$       24.00       \$       24.00       .003       \$       24.00       \$       .08
OTHER OPTOMETRIC SERVICES         0         0         .00
@CHIROPRACTOR       1       1       \$       16.72       \$       16.72       \$       .05         VISITS       0       0       .00 <t< td=""></t<>
VISITS       0       0       .0
OTHER SERVICES       1       1       16.72       16.72       .003       16.72       .05         @PODIATRIST       1       1       \$       24.00       \$       24.00       .003       \$       24.00       \$       .08
@PODIATRIST 1 1 \$ 24.00 \$ 24.00 .003 \$ 24.00 \$ .08
MEDICINE/INJECTIONS 1 1 24.00 24.00 .003 24.00 .08
SURGERY/ANES. 0 0 .00 .00 .00 .00 .00 .00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
OTHER 0 0 0 .00 .00 .00 .00 .00 .00
@HOME HEALTH AGENCY 0 0 \$ .00 \$ .00 \$ .00 \$ .00
NURSE ANESTHESIST 1 3 \$ 71.85 \$ 23.95 .010 \$ 71.85 \$ .23
NURSE MIDWIFE 0 0 \$ .00 \$ .00 \$ .00 \$ .00
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$ .00
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$ .00
@TOTAL HOSPITAL 35 140 \$ 10,103.33 \$ 72.17 .450 \$ 288.67 \$ 32.49
HOSP INPATIENT TOTAL 2 5 6,889.20 1377.84 .016 3444.60 22.15
HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITAL TOTAL 1 5 6,366.15 1273.23 .016 6366.15 20.47
ACCOMMODATIONS 1 5 2,799.90 559.98 .016 2799.90 9.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 1 5 2,799.90 559.98 .016 2799.90 9.00
ANCILLARIES 1 0 3,566.25 .00 .000 3566.25 11.47
INPATIENT CROSSOVERS 1 0 523.05 .00 .000 523.05 1.68
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00
HOSP OUTPATIENT TOTAL 33 135 3,214.13 23.81 .434 97.40 10.33
MEDICAL 8 16 858.42 53.65 .051 107.30 2.76
SURGERY 1 1 67.33 67.33 .003 67.33 .22
PATHOLOGY 8 35 390.60 11.16 .113 48.83 1.26

RADIOLOGY	9	13	342.90	26.38	.042	38.10	1.10
ROOM USE	13	17	694.76	40.87	.055	53.44	2.23
CROSSOVERS/ALL OTH OUTPINT	25	53	860.12	16.23	.170	34.40	2.77
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE 2,319
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - BLIND				

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 140 \$ 10,103.33 \$ 72.17 .450 \$ 288.67 \$ 32.49 

 10,103.33
 \$ 72.17
 .450
 \$ 288.67
 \$

 6,889.20
 1377.84
 .016
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 6,366.15
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 .016
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 2,799.90
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 2,799.90
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 523.05
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 3,214.13
 23.81
 .434
 97.40

 858.42
 53.65
 .051
 107.30

 67.33
 67.33
 .003
 67.33

 390.60
 11.16
 .113
 48.83

 5 COMM HOSP INPATIENT TOTAL .00 HSC HOSPITALS 0 NON-HSC HOSPITALS TOTAL 20.47 ACCOMMODATIONS 9.00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 ALL OTHER ACCOM ANCILLARIES 11.47 INPATIENT CROSSOVERS 1.68 0 0 135 16 ALL OTHER INPATIENT 33 COMM HOSP OUTPATIENT TOTAL 10.33 16 8 2.76 MEDICAL SURGERY 1 390.60 11.16 .113 342.90 26.38 .042 694.76 40.87 .055 860.12 16.23 .170 .00 \$ .00 .000 \$ 35 48.83 PATHOLOGY 13 17 RADIOLOGY 38.10 1.10 53.44 CROSSOVERS/ALL OTH OUTPINT 53 34.40 2.77 0 .00 \$ @STATE HOSPITAL 0 .00 \$ 0 0 .00 .00 .000 .00 MENTALLY ILL 0 51 DEVELOP. DISABLED .00 .00 7,423.74 \$ 145.56 .00 .000 .00 .00 .164 \$ 1237.29 \$ @NURSING FACILITY 23.87 NURSING FACILITI
LEV A-INTERMEDIATE .00 .000 .00 0 .00 LEV B-REHAB MD .00 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED 0 .00 LEV B-TRANSITIONAL IP CARE .00 51 .164 1237.29 LEV B-REGULAR 23.87 .000 \$ .00 \$ .00 @INTERMEDIATE CARE FACIL.-DD

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	6	\$	60.13	\$	10.02	.019	\$	10.02	\$	.19
PATHOLOGY	6	6		60.13		10.02	.019		10.02		.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	43	53	\$	3,746.48	\$	70.69	.170	\$	87.13	\$	12.05
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	43	53		3,746.48		70.69	.170		87.13		12.05
#CALIF DEPT OF HEALTH SERV			RES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU I	DEC	2004	P	AGE 2,320
MOP024	FEE-FOR-SERVICE/										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASS:	ISTANCE - BLIND							
							MC			-	
311 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3	COST PER		COST PER
		OR DAYS OF CARE	C			R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	34	227	\$	15,352.04	\$		.730	\$	451.53	\$	49.36
DURABLE MED. EQUIP.	5	20		9,162.56		458.13	.064		1832.51		29.46
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	106		2,844.74		26.84	.341		474.12		9.15
AMBULANCES/AIR TRANS	5	101		1,538.16		15.23	.325		307.63		4.95
OTHER TRANS	1	4		31.58		7.90	.013		31.58		.10
OTHER SERVICES	1	1		1,275.00		1275.00	.003		1275.00		4.10
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	6	12	1,720.29	1	43.36	.039	286.72	5.53
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	926.74	15	54.46	.019	926.74	2.98
PROSTHETICS	1	6	926.74	15	54.46	.019	926.74	2.98
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	17	83	697.71		8.41	.267	41.04	2.24
@CALIF. CHILDREN SERVICES*	16	206	\$ 16,495.08	\$ 8	30.07	.662	\$ 1030.94	\$ 53.04
@XOVER EXCLUDING STATE HOSP**	66	944	\$ 5,653.04	\$	5.99	3.035	\$ 85.65	\$ 18.18

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,321
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

22,589 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 20,541 687.11 \$ @TOTAL, ALL PROVIDERS 465,698 14,113,912.69 \$ 30.31 20.616 \$ 37.63 @PHYSICIANS SERVICES 4,107 11,658 438,733.67 .516 \$ 106.83 \$ OUTPATIENT VISITS 1,223 1,723 61,328.76 35.59 .076 50.15 2.71 OFFICE VISITS 1,063 1,474 49,637.60 33.68 .065 46.70 2.20 2 2 44.10 22.05 .000 22.05 .00 HOME VISITS EMERGENCY ROOM 126 168 9,614.64 57.23 .007 76.31 .43 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 17 272.37 16.02 .001 .01 OB VISITS/COMPRE PERI 45.40 55 62 1,760.05 28.39 .003 32.00 OTHER OUTPATIENT .08 161 INPATIENT VISITS 699 43,021.91 61.55 .031 267.22 1.90 528 144 44.11 161.72 HOSPITAL VISITS 23,288.25 .023 152 CRITICAL CARE 15 18,883.86 124.24 .007 1258.92 .84 SNF/ICF/TRANS IP CARE 16 19 849.80 44.73 .001 53.11 .04 .007 120 155 39.96 51.61 .27 OPHTHALMOLOGICAL SERVICES 6,193.14 EXAMINATIONS 120 155 6,193.14 39.96 .007 51.61 .27 0 0 .00 .000 .00 SERVICES AND MATERIALS .00 .00 141 888 77,103.74 .039 INPATIENT HOSPITAL SURGERY 86.83 546.84 159 62,583.84 579.48 108 393.61 .007 2.77 PRINCIPAL SURGEON 15 2,839.07 189.27 177.44 ASSISTANT SURGEON 16 .001 .13 37 ANESTHESIOLOGIST 714 16.36 .032 315.70 .52 11,680.83 351 720 93,151.72 129.38 OUTPATIENT SURGERY .032 265.39 4.12 335 472 88,411.64 187.31 263.92 PRINCIPAL SURGEON .021 3.91 0 0 .00 .00 .000 .00 .00 ASSISTANT SURGEON 27 ANESTHESIOLOGIST 248 4,740.08 19.11 .011 175.56 .21 14 4,019.40 287.10 DIALYSIS 53 75.84 .002 .18 PATHOLOGY 11,401.97 17.20 .029 31.24

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1,370	2,428		61,930.82		25.51	.107		45.20		2.74
PSYCHIATRY	1,370	2,420		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	67	205		11,552.69		56.35	.009		172.43		.51
OTHER SERVICES/ALL X-OVERS	1,598	4,124		69,029.52		16.74	.183		43.20		3.06
@PHARMACY		219,608	\$	7,362,712.01	Ś	33.53	9.722	Ś	483.21	Ś	325.94
PRESCRIPTION DRUGS	15,003	64,321	7	7,209,040.62		112.08	2.847	т.	480.51	т	319.14
SNF/ICF	116	1,412		137,747.04		97.55	.063		1187.47		6.10
OUTPATIENTS	14,905	62,909		7,071,293.58		112.41	2.785		474.42		313.04
MEDICAL SUPPLIES	•	155,287		153,671.39		.99	6.874		115.11		6.80
@DENTIST	355	1,711	\$	82,428.92	\$	48.18	.076	\$	232.19	\$	3.65
VISITS - DIAGNOSTIC	254	795		12,078.90		15.19	.035		47.55	·	.53
ORAL SURGERY	75	504		27,690.00		54.94	.022		369.20		1.23
DRUGS	2	3		.00		.00	.000		.00		.00
ANESTHESIA	31	31		3,100.00		100.00	.001		100.00		.14
PERIODONTICS	5	5		371.00		74.20	.000		74.20		.02
ENDODONTICS	14	35		6,497.00		185.63	.002		464.07		.29
RESTORATIVE DENTISTRY	67	175		8,682.00		49.61	.008		129.58		.38
PROSTHETICS	4	4		140.00		35.00	.000		35.00		.01
DENTURES, STAYPLATES	67	113		23,665.02		209.42	.005		353.21		1.05
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000		50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	4	4		105.00		26.25	.000		26.25		.00
ALL OTHER SERVICES	10	40		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 2,322
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R PUBLI	C ASSI	ISTANCE - DISABLED							

DEE NORTE COONTI	SOPPART OF SER	VICES FOR TOBBLE	ADDI	STANCE DISABBED			3.6	ONTH		CE	
22,589 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	71.77	ERAGE COST	UNITS/DAY		THLY AVERA COST PER	.GĽ	COST PER
ZZ, JOY ELIGIBLES	CALCO	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	625	1,688	\$	36,853.02	\$	- ,	.075			\$	1.63
-	330	368	Ą	-	ې	39.41		Ą	43.95	Ą	
DIAGNOSTIC AND ANC. PROCED	481			14,502.51			.016				.64
EYE APPLIANCES	18	1,303		21,705.93		16.66	.058		45.13		.96
OTHER OPTOMETRIC SERVICES		17	<u> </u>	644.58	<u>^</u>	37.92	.001	<u> </u>	35.81	_	.03
@CHIROPRACTOR	220	415	\$	.,	\$		.018	\$		Ş	.30
VISITS	209	399		6,629.48		16.62	.018		31.72		.29
OTHER SERVICES	11	16	_	230.04	_	14.38	.001	_	20.91	_	.01
@PODIATRIST	164	228	\$	5,204.09	\$		.010	Ş		Ş	.23
MEDICINE/INJECTIONS	87	104		3,124.50		30.04	.005		35.91		.14
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	6	11		188.59		17.14	.000		31.43		.01
OTHER	78	113		1,891.00		16.73	.005		24.24		.08
@HOME HEALTH AGENCY	80	743	\$	51,077.83	\$	68.75		\$	638.47	\$	2.26
NURSE ANESTHESIST	166	791	\$	15,930.95	\$	20.14	.035	\$	95.97	\$	.71
NURSE MIDWIFE	14	27	\$	4,645.66	\$	172.06	.001	\$	331.83	\$	.21
PEDIATRIC NURSE PRACTITIONER		1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$	81.20	\$	40.60	.000	\$	40.60	\$	.00
@TOTAL HOSPITAL	4,304	23,103	\$	4,001,711.16	\$	173.21	1.023	\$	929.77	\$	177.15
HOSP INPATIENT TOTAL	400	1,321		3,245,822.84		2457.10	.058		8114.56		143.69
HSC HOSPITALS	23	165		260,142.50		1576.62	.007		11310.54		11.52
NON-HSC HOSPITAL TOTAL	249	1,156		2,874,845.86		2486.89	.051		11545.57		127.27
ACCOMMODATIONS	249	1,156		931,742.02		806.01	.051		3741.94		41.25
ADMINISTRATIVE DAYS	1	14		9,345.00		667.50	.001		9345.00		.41
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	249	1,142		922,397.02		807.70	.051		3704.41		40.83
ANCILLARIES	249	, 0		1,943,103.84		.00	.000		7803.63		86.02
				•							

INPATIENT CROSSOVERS	132	0	110,834.48	.00	.000	839.66	4.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	132 0 4,146 1,612	21,782	755,888.32	34.70	.964	182.32	33.46
MEDICAL	1,612	3,165	242,027.70	76.47	.140	150.14	10.71
SURGERY	367	473	24,422.14	51.63	.021	66.55	1.08
PATHOLOGY	1,561	6,861	80,912.09	11.79	.304	51.83	3.58
		2,209			.098		7.68
RADIOLOGY	1,474		173,478.24	78.53		117.69	
ROOM USE	1,644	2,800	116,209.59	41.50	.124	70.69	5.14
CROSSOVERS/ALL OTH OUTPTNT		6,274	118,838.56	18.94	.278	54.99	5.26
@COUNTY HOSPITAL TOTAL	18 2	59 \$	12,297.70		.003	\$ 683.21	
CO HOSPITAL INPATIENT TOTAL		8	10,490.00	1311.25	.000	5245.00	.46
HSC HOSPITALS	2	8	10,490.00	1311.25	.000	5245.00	.46
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ö	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0 0 0 0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00				
ANCILLARIES		U		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0 17	51	1,807.70	35.45	.002	.00 106.34	.08
MEDICAL	4	5	267.19	53.44	.000	66.80	.01
SURGERY	2 5	2	70.27	35.14	.000	35.14	.00
PATHOLOGY	5	22	241.91	11.00	.001	48.38	.01
RADIOLOGY	2	5	592.54	118.51	.000	296.27	.03
ROOM USE	6	9	457.29	50.81	.000	76.22	.02
	5	8	178.50	22.31	.000	35.70	.01
CROSSOVERS/ALL OTH OUTPTNT		•					
		CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	SPORT FOR JAN	2004 THRU D	EC 2004	PAGE 2,323
							00/44/05
MOP024	FEE-FOR-SERVICE	•					03/14/05
MOPU24 DEL NORTE COUNTY		E/DENTAL /ICES FOR PUBLIC ASS	ISTANCE - DISABLED				03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	•	ISTANCE - DISABLED			NTHLY AVERAG	
DEL NORTE COUNTY	SUMMARY OF SERV	•	ISTANCE - DISABLED  EXPENDITURES	AVERAGE COST			
DEL NORTE COUNTY		JICES FOR PUBLIC ASS		AVERAGE COST PER UNIT/DAY	UNITS/DAYS		GE
DEL NORTE COUNTY  22,589 ELIGIBLES	SUMMARY OF SERV	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS 4,288	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$	EXPENDITURES 3,989,413.46	PER UNIT/DAY \$ 173.12	UNITS/DAYS PER ELIG 1.020	COST PER USER \$ 930.37	GE COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS 4,288	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313	EXPENDITURES 3,989,413.46 3,235,332.84	PER UNIT/DAY \$ 173.12	UNITS/DAYS PER ELIG 1.020 .058	COST PER USER \$ 930.37 8128.98	COST PER ELIGIBLE \$ 176.61 143.23
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS 4,288	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157	EXPENDITURES  3,989,413.46  3,235,332.84  249,652.50	PER UNIT/DAY \$ 173.12 2464.08 1590.14	UNITS/DAYS PER ELIG 1.020 .058 .007	S COST PER USER \$ 930.37 8128.98 11888.21	COST PER ELIGIBLE \$ 176.61 143.23 11.05
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS 4,288	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86	PER UNIT/DAY \$ 173.12 2464.08 1590.14	UNITS/DAYS PER ELIG 1.020 .058 .007 .051	S COST PER USER \$ 930.37 8128.98 11888.21 11545.57	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS  4,288 398 21 249 249	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01	UNITS/DAYS PER ELIG 1.020 .058 .007 .051	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS  4,288 398 21 249 249 1	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,4	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS  4,288 398 21 249 249 1	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS  4,288  398 21 249 249 1 0 249	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS  4,288 398 21 249 249 1	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS  4,288  398 21 249 249 1 0 249	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS  4,288  398 21 249 249 1 0 249 249 249	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41 7803.63 839.66	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83 86.02 4.91
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS  4,288  398 21 249 249 1 0 249 249 132 0	UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,144 0 1,142 0 0 0	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 .00	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41 7803.63 839.66	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83 86.02 4.91
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS  4,288  398 21 249 249 1 0 249 249 132 0 4,131	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 1,142 0 0 1,142 0 0 21,731	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 .00 34.70	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .0551 .000 .000 .00	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41 7803.63 839.66 .00 182.54	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83 86.02 4.91 .00 33.38
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS  4,288 398 21 249 249 1 0 249 249 132 0 4,131 1,608	UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 0 1,142 0 0 21,731 3,160	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 .00 34.70 76.51	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .051 .1000 .000 .	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  4,288 398 21 249 249 1 0 249 249 132 0 4,131 1,608 365	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 0 1,142 0 0 21,731 3,160 471	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 .00 34.70 76.51 51.70	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .051 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 3704.41 7803.63 839.66 00 182.54 150.35 66.72	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS  4,288 398 21 249 249 1 0 249 249 132 0 4,131 1,608 365 1,557	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 0 1,142 0 0 21,731 3,160 471 6,839	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .051 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS  4,288  398 21 249 249 249 10 0 249 249 132 0 4,131 1,608 365 1,557 1,472	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0 0 21,731 3,160 471 6,839 2,204	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .051 .000 .021 .303 .098	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81 117.45	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS  4,288  398 21 249 249 249 249 11 0 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .051 .000 .001 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81 117.45 70.58	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS  4,288  398 21 249 249 1 0 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640 2,157	UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791 6,266	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30 118,660.06	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47 18.94	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81 117.45 70.58 55.01	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS  4,288  398 21 249 249 249 249 11 0 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81 117.45 70.58	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	USERS  4,288  398 21 249 249 1 0 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640 2,157	UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791 6,266	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30 118,660.06	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47 18.94	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .051 .001 .000 .051 .000 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81 117.45 70.58 55.01	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  4,288 398 21 249 249 1 0 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640 2,157 5	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791 6,266 152 \$ 0	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30 118,660.06 106,678.16	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47 18.94 \$ 701.83	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .001 .000 .051 .000 .000 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 00 3704.41 7803.63 839.66 00 182.54 150.35 66.72 51.81 117.45 70.58 55.01 \$ 21335.63	COST PER ELIGIBLE \$ 176.61
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS  4,288 398 21 249 249 10 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640 2,157	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791 6,266 152 \$ 0 152	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30 118,660.06 106,678.16 .00 106,678.16	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47 18.94 \$ 701.83 .00 701.83	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .001 .000 .051 .000 .000 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41 7803.63 839.66 .00 182.54 150.35 66.72 51.81 117.45 70.58 55.01 \$ 21335.63 .00 21335.63	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83 86.02 4.91 .00 33.38 10.70 1.08 3.57 7.65 5.12 5.25 \$ 4.72 .00 4.72
DEL NORTE COUNTY  22,589 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS  4,288 398 21 249 249 249 1 0 249 249 132 0 4,131 1,608 365 1,557 1,472 1,640 2,157 5 0	VICES FOR PUBLIC ASS  UNITS OF SERVICE OR DAYS OF CARE 23,044 \$ 1,313 157 1,156 1,156 1,156 14 0 1,142 0 0 21,731 3,160 471 6,839 2,204 2,791 6,266 152 \$ 0	EXPENDITURES  3,989,413.46 3,235,332.84 249,652.50 2,874,845.86 931,742.02 9,345.00 .00 922,397.02 1,943,103.84 110,834.48 .00 754,080.62 241,760.51 24,351.87 80,670.18 172,885.70 115,752.30 118,660.06 106,678.16 .00	PER UNIT/DAY \$ 173.12 2464.08 1590.14 2486.89 806.01 667.50 .00 807.70 .00 .00 34.70 76.51 51.70 11.80 78.44 41.47 18.94 \$ 701.83 .00	UNITS/DAYS PER ELIG 1.020 .058 .007 .051 .001 .000 .051 .000 .000 .000 .000	\$ COST PER USER \$ 930.37 8128.98 11888.21 11545.57 3741.94 9345.00 .00 3704.41 7803.63 839.66 .00 182.54 150.35 66.72 51.81 117.45 70.58 55.01 \$ 21335.63 .00	COST PER ELIGIBLE \$ 176.61 143.23 11.05 127.27 41.25 .41 .00 40.83 86.02 4.91 .00 33.38 10.70 1.08 3.57 7.65 5.12 5.25 \$ 4.72 .00 4.72

LEV B-REHAB MD	1	30		3,759.60		125.32	.001		3759.60		.17
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	82	1,775		238,332.63		134.27	.079		2906.50		10.55
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	54	401	\$	48,868.62	\$	121.87	.018	\$	904.97	\$	2.16
HOSPITAL BASED	1	7		279.06		39.87	.000		279.06		.01
HEMODIALYSIS CENTER	53	394		48,589.56		123.32	.017		916.78		2.15
@REHABILITATION FACILITY	26	242	\$	5,373.80	\$	22.21	.011	\$	206.68	\$	.24
HOSPITAL BASED	25	239		5,324.56		22.28	.011		212.98		.24
INDEPENDENT FACILITY	1	3		49.24		16.41	.000		49.24		.00
@LABORATORY FACILITY	1,380	4,776	\$	60,537.55	\$	12.68	.211	\$	43.87	\$	2.68
PATHOLOGY	1 <b>,</b> 376	4,762		60,394.50		12.68	.211		43.89		2.67
XO AND OTHERS	4	14		143.05		10.22	.001		35.76		.01
@ORGANIZED OUTPATIENT CLINIC	7 <b>,</b> 365	11 <b>,</b> 992	\$	-,,	\$	85.98	.531	\$	140.00	\$	45.65
CLINIC	25	57		2,742.25		48.11	.003		109.69		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,344	11,935		1,028,380.08		86.17	.528		140.03		45.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		IRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 200	4 THRU	DEC	2004	PA	AGE 2,324
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS	SISTANCE - DISABLED	)						

DEL NORTE COONTI	DOMMANT OF DEIX	VICES FOR TODDIC ASSIS	TANCE DISABLED				
					MON	THLY AVERA	.GE
22,589 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,703	186 <b>,</b> 355 \$	612 <b>,</b> 944.77	\$ 3.29	8.250 \$		\$ 27.13
DURABLE MED. EQUIP.	182	955	79 <b>,</b> 100.90	82.83	.042	434.62	3.50
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	1,987.54	397.51	.000	397.51	.09
MEDICAL TRANSPORTATION	593	111,724	311,625.37	2.79	4.946	525.51	13.80
AMBULANCES/AIR TRANS	486	14,461	135,803.14	9.39	.640	279.43	6.01
OTHER TRANS	79	95 <b>,</b> 777	141,498.31	1.48	4.240	1791.12	6.26
OTHER SERVICES	71	1,486	34,323.92	23.10	.066	483.44	1.52
ACUPUNCTURE	7	18	302.77	16.82	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	13	249	17,301.08	69.48	.011	1330.85	.77
GENETIC DISEASE TESTING	7	7	735.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	17	69	10,889.08	157.81	.003	640.53	.48
OCCUPATIONAL THERAPIST	2	18	277.75	15.43	.001	138.88	.01
OPTICIAN	575	1,352	14,593.50	10.79	.060	25.38	.65
PHYSICAL THERAPIST	217	2,087	30,639.58	14.68	.092	141.20	1.36
PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	34	110	32,287.71	293.52	.005	949.64	1.43
PROSTHETICS	34	110	32,287.71	293.52	.005	949.64	1.43
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	33	147	4,862.97	33.08	.007	147.36	.22
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	261	6,130	48,703.26	7.95	.271	186.60	2.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	951	63 <b>,</b> 479	59,260.02	.93	2.810	62.31	2.62
@CALIF. CHILDREN SERVICES*	106	2,578	\$ 217,097.41	\$ 84.21	.114	\$ 2048.09	\$ 9.61
@XOVER EXCLUDING STATE HOSP**	2,379	16,283	\$ 283,228.34	\$ 17.39	.721	\$ 119.05	\$ 12.54

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,325 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					140		
						NTHLY AVERAG	
27,135 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15,405	75 <b>,</b> 938	\$ 4,055,754.58	\$ 53.41	2.799	\$ 263.28	\$ 149.47
@PHYSICIANS SERVICES	2,273	5,086	\$ 186,480.73	\$ 36.67	.187	\$ 82.04	\$ 6.87
OUTPATIENT VISITS	841	1,057	38,706.81	36.62	.039	46.02	1.43
OFFICE VISITS	707	882	30,360.39	34.42	.033	42.94	1.12
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	104	119	6,304.67	52.98	.004	60.62	.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	14	586.43	41.89	.001	146.61	.02
OTHER OUTPATIENT	39	41	1,427.83	34.83	.002	36.61	.05
INPATIENT VISITS	84	221	13,635.32	61.70	.008	162.33	.50
HOSPITAL VISITS	81	195	9,982.88	51.19	.007	123.25	.37
CRITICAL CARE	9	26	3,652.44	140.48	.001	405.83	.13
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	26	29	1,165.70	40.20	.001	44.83	.04
EXAMINATIONS	26	29	1,165.70	40.20	.001	44.83	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	71	206	34,713.27	168.51	.008	488.92	1.28
PRINCIPAL SURGEON	57	70	28,977.57	413.97	.003	508.38	1.07
ASSISTANT SURGEON	9	9	2,596.03	288.45	.000	288.45	.10
ANESTHESIOLOGIST	13	127	3,139.67	24.72	.005	241.51	.12

OUTPATIENT SURGERY	211	490		42,745.30		87.24	.018		202.58		1.58
PRINCIPAL SURGEON	192	287		38,816.77		135.25	.011		202.17		1.43
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	23	203		3,928.53		19.35	.007		170.81		.14
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	198	321		5,758.87		17.94	.012		29.09		.21
RADIOLOGY	1,065	1,494		31,190.66		20.88	.055		29.29		1.15
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	129	273		2,268.58		8.31	.010		17.59		.08
OTHER SERVICES/ALL X-OVERS	284	995		16,296.22		16.38	.037		57.38		.60
@PHARMACY	7,174	22,605	\$	986,228.52	\$	43.63	.833	\$	137.47	\$	36.35
PRESCRIPTION DRUGS	7,130	17,183		970,889.93		56.50	.633		136.17		35.78
SNF/ICF	, 0	. 0		.00		.00	.000		.00		.00
OUTPATIENTS	7,130	17,183		970,889.93		56.50	.633		136.17		35.78
MEDICAL SUPPLIES	154	5,422		15,338.59		2.83	.200		99.60		.57
@DENTIST	358	2,541	\$	93,432.97	\$	36.77	.094	\$	260.99	\$	3.44
VISITS - DIAGNOSTIC	281	1,284		22,098.70		17.21	.047		78.64		.81
ORAL SURGERY	93	376		24,570.75		65.35	.014		264.20		.91
DRUGS	3	4		.00		.00	.000		.00		.00
ANESTHESIA	27	27		2,600.00		96.30	.001		96.30		.10
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.00
ENDODONTICS	41	90		9,071.00		100.79	.003		221.24		.33
RESTORATIVE DENTISTRY	121	541		27,649.25		51.11	.020		228.51		1.02
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	12	26		5,308.27		204.16	.001		442.36		.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	6	6		300.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	17	19		1,450.00		76.32	.001		85.29		.05
ALL OTHER SERVICES	19	166		300.00		1.81	.006		15.79		.01
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RE	ZPOR'			DEC		P	AGE 2,326
MOP024	FEE-FOR-SERVICE						2001 111110		2001		03/14/05
DEL NORTE COUNTY			ASS	ISTANCE - FAMILIES							03/11/00
DDE NORTE COORT	DOIMING OF BEING	1010 1010 10110	1100				M	ОИТ	HLY AVERA	GE	
27,135 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	Δ \/1	ERAGE COST			COST PER		COST PER
27,100 1110111110	ODEIRO	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	417	1,077	\$	24,157.11	\$	22.43	.040		57.93		.89
DIAGNOSTIC AND ANC. PROCED	297	343	۲	13,245.03	Ψ	38.62	.013	Ψ	44.60	۲	.49
EYE APPLIANCES	274	734		10,912.08		14.87	.027		39.83		.40
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	109	182	\$	2,997.06	Ś	16.47	.007	Ś	27.50	Ś	.11
VISITS	109	182	~	2,997.06	~	16.47	.007	~	27.50	~	.11
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	52	72	\$	2,750.02	\$	38.19	.003	Ś	52.89	\$	.10
GIODIVITOI	52	12	Y	2,750.02	Y	30.13	.003	Y	JZ.09	Y	.10

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MEDICINE/INJECTIONS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

HSC HOSPITALS

NURSE MIDWIFE

@TOTAL HOSPITAL

NON-HSC HOSPITAL TOTAL 160 509 830,898.67 1632.41 .019 5193.12	30.62
ACCOMMODATIONS 160 509 341,791.51 671.50 .019 2136.20	12.60
ADMINISTRATIVE DAYS 1 2 231.30 115.65 .000 231.30	.01
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 160 507 341,560.21 673.69 .019 2134.75	12.59
ANCILLARIES 160 0 489,107.16 .00 .000 3056.92	18.02
INPATIENT CROSSOVERS 1 0 876.00 .00 .000 876.00	.03
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 3,597 18,191 598,169.82 32.88 .670 166.30	22.04
MEDICAL 1,942 2,691 157,992.35 58.71 .099 81.36	5.82
SURGERY 413 543 30,477.72 56.13 .020 73.80	1.12
PATHOLOGY 1,363 4,925 62,598.52 12.71 .181 45.93	2.31
RADIOLOGY 1,233 1,682 107,478.53 63.90 .062 87.17	3.96
ROOM USE 2,304 3,343 131,477.62 39.33 .123 57.06	4.85
CROSSOVERS/ALL OTH OUTPINT 1,663 5,007 108,145.08 21.60 .185 65.03	3.99
@COUNTY HOSPITAL TOTAL 3 24 \$ 754.42 \$ 31.43 .001 \$ 251.47 \$	.03
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
CO HOSP OUTPATIENT TOTAL 3 24 754.42 31.43 .001 251.47	.03
MEDICAL 2 2 145.71 72.86 .000 72.86	.01
SURGERY 1 2 61.20 30.60 .000 61.20	.00
PATHOLOGY 1 8 146.91 18.36 .000 146.91	.01
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 3 6 334.66 55.78 .000 111.55	.01
CROSSOVERS/ALL OTH OUTPTNT 1 6 65.94 10.99 .000 65.94	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 P	AGE 2,327
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	
MONTHLY AVERAGE	

27,135 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3 <b>,</b> 690	18,736 \$	1,525,539.07	\$ 81.42	.690 \$	413.43	\$ 56.22
COMM HOSP INPATIENT TOTAL	177	569	928,123.67	1631.15	.021	5243.64	34.20
HSC HOSPITALS	16	60	96,349.00	1605.82	.002	6021.81	3.55
NON-HSC HOSPITALS TOTAL	160	509	830,898.67	1632.41	.019	5193.12	30.62
ACCOMMODATIONS	160	509	341,791.51	671.50	.019	2136.20	12.60
ADMINISTRATIVE DAYS	1	2	231.30	115.65	.000	231.30	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	160	507	341,560.21	673.69	.019	2134.75	12.59
ANCILLARIES	160	0	489,107.16	.00	.000	3056.92	18.02
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3 <b>,</b> 595	18,167	597,415.40	32.88	.670	166.18	22.02
MEDICAL	1,940	2,689	157,846.64	58.70	.099	81.36	5.82
SURGERY	412	541	30,416.52	56.22	.020	73.83	1.12
PATHOLOGY	1,363	4,917	62 <b>,</b> 451.61	12.70	.181	45.82	2.30
RADIOLOGY	1,233	1,682	107,478.53	63.90	.062	87.17	3.96
ROOM USE	2,302	3,337	131,142.96	39.30	.123	56.97	4.83

CROSSOVERS/ALL OTH OUTPTNT	1,663	5,001		108,079.14		21.61	.184		64.99		3.98
@STATE HOSPITAL	1,003	0,001	\$	.00	\$	.00	.000	ċ	.00	ċ	.00
	0		Ą		Ş			Ş		Ş	
MENTALLY ILL	•	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
-	0	0	Ą	.00	۲			ې	.00	Ÿ	
ICF DDH	0	•				.00	.000				.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	O	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	20	151	\$	3,369.24	\$	22.31	.006	\$	168.46	\$	.12
HOSPITAL BASED	20	151		3,369.24		22.31	.006		168.46		.12
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	895	2,595	\$	36 <b>,</b> 927.46	\$	14.23	.096	Ś	41.26	Ś	1.36
	895	2,595	٧	36,927.46	۲	14.23	.096	Y	41.26	Y	1.36
PATHOLOGY	0					.00			.00		
XO AND OTHERS		0	<u> </u>	.00	<u>^</u>		.000	<u> </u>		^	.00
@ORGANIZED OUTPATIENT CLINIC	7,127	9,833	\$	1,027,578.18	\$	104.50	.362	Ş	144.18	\$	37.87
CLINIC	34	122		4,861.13		39.85	.004		142.97		.18
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
DIDAT HEATEN OF THE											
RURAL HEALTH CLINIC	7,098	9 <b>,</b> 711		1,022,717.05		105.32	.358		144.09		37.69
#CALIF DEPT OF HEALTH SERV			JRES MO	1,022,717.05 ONTH-OF-PAYMENT RE	EPORT			DEC		PA	
		CES AND EXPENDITU	JRES MO		EPORT			DEC		PA	37.69 AGE 2,328 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU C/DENTAL		ONTH-OF-PAYMENT RI	EPORT			DEC		PA	AGE 2,328
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU C/DENTAL			EPORT		2004 THRU		2004		AGE 2,328 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC	C ASSI	ONTH-OF-PAYMENT RE		FOR JAN	2004 THRU	IONT	2004 HLY AVERA	.GE -	AGE 2,328 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU DENTAL VICES FOR PUBLIC UNITS OF SERVICE	C ASSIS	ONTH-OF-PAYMENT RI	AVE	FOR JAN	2004 THRU M UNITS/DAY	IONT S	2004  HLY AVERA COST PER	.GE -	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 27,135 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES	AVE PER	FOR JAN  RAGE COST UNIT/DAY	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER	.GE - C E	AGE 2,328 03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 27,135 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033	EES AND EXPENDITU C/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAF 11,898	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES EXPENDITURES 120,756.60	AVE	FOR JAN RAGE COST UNIT/DAY 10.15	2004 THRU  M UNITS/DAY PER ELIG .438	IONT S	HLY AVERA COST PER USER 116.90	.GE - C E	AGE 2,328 03/14/05  COST PER ELIGIBLE 4.45
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25	CES AND EXPENDITURED FOR PUBLICATION OF SERVICE OR DAYS OF CAF	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05	AVE PER	FOR JAN  CRAGE COST CUNIT/DAY 10.15 77.13	2004 THRU  M UNITS/DAY PER ELIG .438 .001	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72	.GE - C E	AGE 2,328 03/14/05  COST PER ELIGIBLE 4.45 .09
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0	CES AND EXPENDITURED FOR PUBLICATION OF SERVICE OR DAYS OF CAPE 11,898	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00	AVE PER	P FOR JAN  CRAGE COST CUNIT/DAY 10.15 77.13 .00	2004 THRU M UNITS/DAY PER ELIG .438 .001 .000	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00	.GE - C E	AGE 2,328 03/14/05  COST PER ELIGIBLE 4.45 .09 .00
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEADING ALD DISPENSEDS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0	CES AND EXPENDITURES FOR PUBLICATION OF SERVICE OR DAYS OF CAPTURES TO SERVICE OR DAYS OF CAP	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00	AVE PER	P FOR JAN  CRAGE COST CUNIT/DAY 10.15 77.13 .00 .00	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00	.GE - C E	AGE 2,328 03/14/05  COST PER ELIGIBLE 4.45 .09 .00
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEADING ALD DISPENSEDS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0	CES AND EXPENDITURE OF COMMENTAL VICES FOR PUBLICATION OR DAYS OF CAPE 11,898 32 0 0 4,116	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEADING ALD DISPENSEDS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0	CES AND EXPENDITURES FOR PUBLICATION OF SERVICE OR DAYS OF CAPTURES TO SERVICE OR DAYS OF CAP	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63	.GE - C E	AGE 2,328 03/14/05  COST PER ELIGIBLE 4.45 .09 .00
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEADING ALD DISPENSEDS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0	CES AND EXPENDITURE OF COMMENTAL VICES FOR PUBLICATION OR DAYS OF CAPE 11,898 32 0 0 4,116	C ASSIS	ONTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0 0 153 153	CES AND EXPENDITURE OF CONTROL OF CAPE	C ASSIS	EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63	.GE - C E	AGE 2,328 03/14/05  COST PER ELIGIBLE 4.45 .09 .00 .00 2.11 1.69
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,033 25 0 0 153 153 0 12	CES AND EXPENDITURE OF LAND EXPENDITURE OF LAN	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64	AVE PER	RAGE COST RUNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72	.GE - C E	AGE 2,328 03/14/05 COST PER ELIGIBLE 4.45 .09 .00 .00 2.11 1.69 .00 .42
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2	CES AND EXPENDITURE OF LAND EXPENDITURE OF LAN	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72 32.44	.GE - C E	AGE 2,328 03/14/05 COST PER ELIGIBLE 4.45 .09 .00 2.11 1.69 .00 .42
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0	CES AND EXPENDITURE OF LAND EXPENDITURE OF LAN	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72 32.44 .00	.GE - C E	AGE 2,328 03/14/05 COST PER ELIGIBLE 4.45 .09 .00 2.11 1.69 .00 .42 .00
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0 31	CES AND EXPENDITURE OF LAND EXPENDITURE OF LAN	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72 32.44 .00 105.00	.GE - C E	AGE 2,328 03/14/05 COST PER ELIGIBLE 4.45 .09 .00 .00 2.11 1.69 .00 .42 .00
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0 31	CES AND EXPENDITURE OF LAND EXPENDITURE OF LAN	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 .13.93 11.17 .00 958.72 16.22 .00 105.00	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72 32.44 .00 105.00 .00	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0 31 0 0 0	CES AND EXPENDITURE OF LAND EXPENDITURE OF LAN	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 .00	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .299.63 .00 958.72 32.44 .00 105.00 .00	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0 31 0 0 260	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE 11,898 32 0 0 0 4,116 4,104 0 12 4 0 0 31 0 0 0 550	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21	AVE PER	RAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 .00	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .299.63 .00 958.72 32.44 .00 105.00 .00 .00 .00 .18.10	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  1,033 25 0 0 153 153 0 12 2 0 31 0 0 260 98	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAPE 11,898 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65	AVE PER	PRAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 .00 8.55 15.80	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .00 958.72 32.44 .00 105.00 .00 .00 .18.10 100.59	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0 31 0 0 260 98 0	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE 11,898 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65 .00	AVE PER	PRAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 8.55 15.80	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .00 958.72 32.44 .00 105.00 .00 .00 .18.10 100.59 .00	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,033 25 0 0 153 153 153 0 12 2 0 0 311 0 0 260 98 0 17	CES AND EXPENDITURE OF LICES FOR PUBLICATION OR DAYS OF CAPE 11,898 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65 .00 2,904.72	AVE PER	PRAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 8.55 15.80 .00 96.82	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .00 958.72 32.44 .00 105.00 .00 .00 .18.10 100.59 .00 170.87	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,033 25 0 0 153 153 153 0 12 2 0 31 0 0 260 98 0	CES AND EXPENDITURE OF LICES FOR PUBLICATION OF SERVICE OR DAYS OF CAFE 11,898 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65 .00	AVE PER	PRAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 8.55 15.80	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .00 958.72 32.44 .00 105.00 .00 .00 .18.10 100.59 .00	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 1,033 25 0 0 153 153 153 0 12 2 0 0 311 0 0 260 98 0 17	CES AND EXPENDITURE OF LICES FOR PUBLICATION OR DAYS OF CAPE 11,898 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C ASSIS	EXPENDITURES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65 .00 2,904.72	AVE PER	PRAGE COST UNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 8.55 15.80 .00 96.82	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 .00 958.72 32.44 .00 105.00 .00 .00 .18.10 100.59 .00 170.87	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  1,033 25 0 0 153 153 0 12 2 0 31 0 260 98 0 17	CES AND EXPENDITURE OF LAND EXPENDITURE OF CAPACITORS OF C	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65 .00 2,904.72 2,904.72 .00	AVE PER	FOR JAN  CRAGE COST CUNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 8.55 15.80 .00 96.82 96.82	2004 THRU  M UNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72 32.44 .00 105.00 .00 .00 .18.10 100.59 .00 170.87	.GE - C E	AGE 2,328 03/14/05 
#CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  27,135 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  1,033 25 0 0 153 153 153 0 12 2 0 31 0 260 98 0 17 17	CES AND EXPENDITURE OF LAND EXPENDITURE OF CAPACITORS OF C	C ASSIS	DNTH-OF-PAYMENT RESTANCE - FAMILIES  EXPENDITURES  120,756.60 2,468.05 .00 .00 57,348.44 45,843.80 .00 11,504.64 64.88 .00 3,255.00 .00 4,705.21 9,857.65 .00 2,904.72 2,904.72	AVE PER	RAGE COST RUNIT/DAY 10.15 77.13 .00 .00 13.93 11.17 .00 958.72 16.22 .00 105.00 .00 .00 .00 8.55 15.80 .00 96.82 96.82	2004 THRU  MUNITS/DAY PER ELIG	IONT S	2004  HLY AVERA COST PER USER 116.90 98.72 .00 .00 374.83 299.63 .00 958.72 32.44 .00 105.00 .00 .00 .00 18.10 100.59 .00 170.87 170.87	.GE - C E	AGE 2,328 03/14/05 

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	358	2,771	32,325.25	11.67	.102	90.29	1.19
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	62	3,614	2,749.44	.76	.133	44.35	.10
@CALIF. CHILDREN SERVICES*	58	377	\$ 76,795.88	\$ 203.70	.014	\$ 1324.07	\$ 2.83
@XOVER EXCLUDING STATE HOSP**	2	15	\$ 1,021.73	\$ 68.12	.001	\$ 510.87	\$ .04

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,329
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE - TOTAL				
					MON	THLY AVERA	GE
53,243 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	38,987	606 <b>,</b> 873 \$		\$ 32.33	11.398 \$		\$ 368.50
@PHYSICIANS SERVICES	6 <b>,</b> 875	17 <b>,</b> 972 \$	648,230.32	\$ 36.07	.338 \$	94.29	\$ 12.17
OUTPATIENT VISITS	2,082	2,804		36.03	.053	48.52	1.90
OFFICE VISITS	1,787	2,378	80,872.44	34.01	.045	45.26	1.52
HOME VISITS	3	3	71.59	23.86	.000	23.86	.00
EMERGENCY ROOM	231	288	15,963.91	55.43	.005	69.11	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	31	858.80	27.70	.001	85.88	.02
OTHER OUTPATIENT	95	104	3,248.02	31.23	.002	34.19	.06
INPATIENT VISITS	249	935	57 <b>,</b> 673.79	61.68	.018	231.62	1.08
HOSPITAL VISITS	229	737	34,063.44	46.22	.014	148.75	.64
CRITICAL CARE	25	179	22,760.55	127.15	.003	910.42	.43
SNF/ICF/TRANS IP CARE	16	19	849.80	44.73	.000	53.11	.02
OPHTHALMOLOGICAL SERVICES	148	187	7,476.29	39.98	.004	50.52	.14
EXAMINATIONS	148	187	7,476.29	39.98	.004	50.52	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	212	1,094	111,817.01	102.21	.021	527.44	2.10
PRINCIPAL SURGEON	165	229	91,561.41	399.83	.004	554.92	1.72
ASSISTANT SURGEON	25	24	5,435.10	226.46	.000	217.40	.10
ANESTHESIOLOGIST	50	841	14,820.50	17.62	.016	296.41	.28
OUTPATIENT SURGERY	566	1,214	136,100.89	112.11	.023	240.46	2.56
PRINCIPAL SURGEON	531	763	127,432.28	167.01	.014	239.99	2.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	50	451	8,668.61	19.22	.008	173.37	.16
DIALYSIS	14	53	4,019.40	75.84	.001	287.10	.08
PATHOLOGY	566	987	17,178.87	17.41	.019	30.35	
RADIOLOGY	2,443	3 <b>,</b> 931	93,210.65	23.71	.074	38.15	1.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	200	498	17,039.57	34.22	.009	85.20	.32
OTHER SERVICES/ALL X-OVERS	2,357	6 <b>,</b> 269	102,699.09	16.38	.118	43.57	1.93
@PHARMACY	24,978	288,480 \$	9,290,714.09	\$ 32.21	5.418 \$	371.96	\$ 174.50
PRESCRIPTION DRUGS	24,638	92,141	9,093,493.17	98.69	1.731	369.08	170.79
SNF/ICF	192	1,980	183,856.42	92.86	.037	957.59	3.45
OUTPATIENTS	24,474	90,161	8,909,636.75	98.82	1.693	364.04	167.34
MEDICAL SUPPLIES	1,781	196,339	197,220.92	1.00	3.688	110.74	3.70
@DENTIST	765	4,427 \$		\$ 43.28	.083 \$	250.44	\$ 3.60
VISITS - DIAGNOSTIC	561	2,132	35,139.60	16.48	.040	62.64	.66
ORAL SURGERY	174	938	55,248.75	58.90	.018	317.52	1.04

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	5	7		.00		.00	.000		.00		.00
ANESTHESIA	60	60		5,900.00		98.33	.001		98.33		.11
PERIODONTICS	7	7		481.00		68.71	.000		68.71		.01
ENDODONTICS	55	125		15,568.00		124.54	.002		283.05		.29
RESTORATIVE DENTISTRY	191	719		36,508.25		50.78	.014		191.14		.69
PROSTHETICS	5	5		170.00		34.00	.000		34.00		.00
DENTURES, STAYPLATES	106	194		40,315.29		207.81	.004		380.33		.76
SPACE MAINTAINERS	0	134		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	8	8		400.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	21	23		1,555.00		67.61	.000		74.05		.03
ALL OTHER SERVICES	32	209		300.00		1.44	.004		9.38		.01
#CALIF DEPT OF HEALTH SERV	~ -	CES AND EXPENDITUR	ES MO		EPORT			DEC		PAGE	
MOP024	FEE-FOR-SERVICE									_	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	, VICES FOR PUBLIC .	ASSIS	TANCE - TOTAL							, , , , , ,
							M	ONT	HLY AVERA	GE	
53,243 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER	COS	T PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELI	GIBLE
@OPTOMETRIST	1,097	2,896	\$	64,455.58	\$	22.26	.054	\$	58.76	\$	1.21
DIAGNOSTIC AND ANC. PROCED	642	729		28,381.60		38.93	.014		44.21		.53
EYE APPLIANCES	797	2,146		35,250.39		16.43	.040		44.23		.66
OTHER OPTOMETRIC SERVICES	23	21		823.59		39.22	.000		35.81		.02
@CHIROPRACTOR	334	606	\$	9,941.33	\$	16.40	.011	\$	29.76	\$	.19
VISITS	318	581		9,626.54		16.57	.011		30.27		.18
OTHER SERVICES	16	25		314.79		12.59	.000		19.67		.01
@PODIATRIST	266	375	\$	8,843.10	\$	23.58	.007	\$	33.24	\$	.17
MEDICINE/INJECTIONS	138	167		5,410.98		32.40	.003		39.21		.10
SURGERY/ANES.	3	3		210.35		70.12	.000		70.12		.00
RADIO./PATHOLOGY	9	16		275.09		17.19	.000		30.57		.01
OTHER	128	189		2,946.68		15.59	.004		23.02		.06
@HOME HEALTH AGENCY	94	811	\$	55 <b>,</b> 380.68	\$	68.29	.015	\$	589.16	\$	1.04
NURSE ANESTHESIST	338	1,735	\$	32,723.22	\$	18.86	.033	\$	96.81	\$	.61

NURSE MIDWIFE	81	164	\$	28,409.36	\$	173.23			350.73		.53
PEDIATRIC NURSE PRACTITIONER		1	\$	57.20	\$	57.20	.000	\$	57.20		.00
FAMILY NURSE PRACTITIONER	6	6	\$	167.83	\$	27.97 131.00	.000	\$	27.97	\$	.00
@TOTAL HOSPITAL	8,328	42,877	\$	5,616,700.90			.805	\$		\$	105.49
HOSP INPATIENT TOTAL	642	1,903		4,245,957.20		2231.19 1565.16	.036		6613.64		79.75
HSC HOSPITALS	40	233		364,681.63		1565.16	.004		9117.04		6.85
NON-HSC HOSPITAL TOTAL	410	1,670		3,712,110.68		2222.82	.031		9053.93		69.72
ACCOMMODATIONS	410	1 670		1,276,333.43		764.27	.031		3113.01		23.97
ADMINISTRATIVE DAYS	2	1,670		9,576.30		764.27 598.52	.000		4788.15		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS  NON-HSC HOSPITAL TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS	410	0 1,654		1,266,757.13		.00 765.87	.031		3089.65		23.79
ANCILLARIES	410	0		2,435,777.25		.00	.000		5940.92		45.75
INPATIENT CROSSOVERS	196	0		169,164.89		.00	.000		863.09		3.18
ALL OTHER INPATIENT	196 0 8,055 3,562	0 0 40,974 5,872		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8.055	40.974		1,370,743.70		33.45			170.17		25.75
MEDICAL	3,562	5.872		400,878.47		33.45 68.27	.110		112.54		7.53
SURGERY	781	1,017		54,967.19		54 05	.019		70.38		1.03
PATHOLOGY	781 2,932	11,821		143,901.21		54.05 12.17	.222		49.08		2.70
RADIOLOGY	2,716	3,904		281,299.67		72.05	.073		103.57		5.28
ROOM USE	3 961			248,381.97		40 32	.116		62.71		4.67
	3,961 4,128	12 200				40.32 19.78	.229		58.46		4.53
@COUNTY HOSPITAL TOTAL	21	6,160 12,200 83	Ċ	13,052.12	Ċ	157 25	.002	Ċ		Ċ	.25
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	2 1	12,200 83 8 8 0 0 0 0 0 0 0 0 75 7 4 30 5 15	Y	10,490.00	Y	157.25 1311.25	.000	Y	5245.00	Y	.20
UCC UCCDITATIO	2	0		10,490.00		1311.25	.000		5245.00		.20
NON-ACC ACCULATE MOMYI	<u>ک</u> 0	0		.00		.00	.000		.00		.00
NON-USC HOSFITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00					
ADMINISTRATIVE DAIS	0	0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00 128.11		.00
CO HOSP OUTPATIENT TOTAL	20	/5		2,562.12		34.16	.001		128.11		.05
MEDICAL	6	/		412.90		58.99	.000		68.82		.01
SURGERY	3	4		131.47		32.87 12.96	.000		43.82		.00
PATHOLOGY	6	30		388.82		12.96	.001		64.80		.01
RADIOLOGY	2	5		592.54		118.51 52.80	.000		296.27		.01
ROOM USE	9	15		791.95					87.99		.01
CROSSOVERS/ALL OTH OUTPTNT	•					17.46	.000		40.74		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2004 THRU	DEC	2004	P	AGE 2,331
MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - TOTAL							
							M			-	
53,243 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			'UNITS/DAY				COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,310	42 <b>,</b> 794	\$	5,603,648.78		130.94			674.33		
COMM HOSP INPATIENT TOTAL	640	1,895		4,235,467.20		2235.08	.036		6617.92		79.55
HSC HOSPITALS	38	225		354,191.63		1574.19	.004		9320.83		6.65
NON-HSC HOSPITALS TOTAL	410	1,670		3,712,110.68		2222.82	.031		9053.93		69.72
ACCOMMODATIONS	410	1,670		1,276,333.43		764.27	.031		3113.01		23.97
ADMINISTRATIVE DAYS	2	16		9,576.30		598.52	.000		4788.15		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	410	1,654		1,266,757.13		765.87	.031		3089.65		23.79
ANCILLARIES	410	0		2,435,777.25		.00	.000		5940.92		45.75
INPATIENT CROSSOVERS	196	0		169,164.89		.00	.000		863.09		3.18
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	8,038	40,899		1,368,181.58		33.45	.768		170.21		25.70
MEDICAL	3,556	5 <b>,</b> 865		400,465.57		68.28	.110		112.62		7.52
SURGERY	778	1,013		54,835.72		54.13	.019		70.48		1.03
PATHOLOGY	2,928	11,791		143,512.39		12.17	.221		49.01		2.70
RADIOLOGY	2,714	3,899		280,707.13		71.99	.073		103.43		5.27
ROOM USE	3,955	6,145		247,590.02		40.29	.115		62.60		4.65
CROSSOVERS/ALL OTH OUTPINT	4,124	12,186		241,070.75		19.78	.229		58.46		4.53
@STATE HOSPITAL	5	152	\$	106,678.16	\$	701.83	.003	\$	21335.63	\$	2.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	5	152		106,678.16		701.83	.003		21335.63		2.00
@NURSING FACILITY	178	3,578	\$	529,600.84	\$	148.02	.067	\$	2975.29	\$	9.95
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	73		9,148.36		125.32	.001		4574.18		.17
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	176	3,505		520,452.48		148.49	.066		2957.12		9.78
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	54	401	\$	48,868.62	\$	121.87	.008	\$	904.97	\$	.92
HOSPITAL BASED	1	7		279.06		39.87	.000		279.06		.01
HEMODIALYSIS CENTER	53	394		48,589.56		123.32	.007		916.78		.91
@REHABILITATION FACILITY	46	393	\$	8,743.04	\$	22.25	.007	\$	190.07	\$	.16
HOSPITAL BASED	45	390		8,693.80		22.29	.007		193.20		.16
INDEPENDENT FACILITY	1	3		49.24		16.41	.000		49.24		.00
@LABORATORY FACILITY	2,309	7,424	\$	98,046.53	\$	13.21	.139	\$	42.46	\$	1.84
PATHOLOGY	2,303	7,401		97,877.37		13.22	.139		42.50		1.84
XO AND OTHERS	6	23		169.16		7.35	.000		28.19		.00
@ORGANIZED OUTPATIENT CLINIC	15,105	22,816	\$	2,105,307.36	\$	92.27	.429	\$	139.38	\$	39.54
CLINIC	59	179		7,603.38		42.48	.003		128.87		.14
SURGICENTER	1	1		8.52		8.52	.000		8.52		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15,055	22,636		2,097,695.46		92.67	.425		139.34		39.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES MON	ITH-OF-PAYMENT RI	EPORT	FOR JAN 20	04 THRU	DEC	2004	PA	GE 2,332
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSIST	CANCE - TOTAL							
								~		~-	

					MON	ITHLY AVERA	GE
53,243 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,298	211,759 \$	775,614.35	\$ 3.66	3.977	180.46	\$ 14.57
DURABLE MED. EQUIP.	229	1,116	93,500.66	83.78	.021	408.30	1.76
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	10	4,053.37	405.34	.000	405.34	.08
MEDICAL TRANSPORTATION	787	116,786	373,506.48	3.20	2.193	474.60	7.02
AMBULANCES/AIR TRANS	644	18,666	183,185.10	9.81	.351	284.45	3.44
OTHER TRANS	97	96,517	143,023.11	1.48	1.813	1474.47	2.69
OTHER SERVICES	102	1,603	47,298.27	29.51	.030	463.71	.89
ACUPUNCTURE	9	22	367.65	16.71	.000	40.85	.01
ADULT DAY HEALTH CARE CTR	13	249	17,301.08	69.48	.005	1330.85	.32
GENETIC DISEASE TESTING	38	38	3,990.00	105.00	.001	105.00	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	17	69	10,889.08	157.81	.001	640.53	.20
OCCUPATIONAL THERAPIST	2	18	277.75	15.43	.000	138.88	.01
OPTICIAN	915	2,092	23,152.89	11.07	.039	25.30	.43
PHYSICAL THERAPIST	315	2,711	40,497.23	14.94	.051	128.56	.76

PORTABLE X-RAY	1	2	1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	52	146	36,119.17	247.39	.003	694.60	.68
PROSTHETICS	52	146	36,119.17	247.39	.003	694.60	.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	85	281	11,122.53	39.58	.005	130.85	.21
HOSPICE SERVICES	1	3	376.74	125.58	.000	376.74	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	619	8,901	81,028.51	9.10	.167	130.90	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,440	79 <b>,</b> 315	79,429.71	1.00	1.490	55.16	1.49
@CALIF. CHILDREN SERVICES*	180	3,161	\$ 310,388.37	\$ 98.19	.059	\$ 1724.38	\$ 5.83
@XOVER EXCLUDING STATE HOSP**	3,445	21,583	\$ 472,679.77	\$ 21.90	.405	\$ 137.21	\$ 8.88

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,333 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						M	TNC	HLY AVERA	GΕ	
1,937 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,677	18,221 \$	608,909.28	\$	33.42	9.407	\$	363.09	\$	314.36
@PHYSICIANS SERVICES	292	658 \$	10,803.72	\$	16.42	.340	\$	37.00	\$	5.58
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1	421.82		421.82	.001		421.82		.22
PRINCIPAL SURGEON	1	1	421.82		421.82	.001		421.82		.22
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	1	48.20		48.20	.001		48.20		.02
RADIOLOGY	6	9	80.85		8.98	.005		13.48		.04
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	284	647	10,252.85		15.85	.334		36.10		5.29
@PHARMACY	1,300	12,507 \$	419,472.44	\$	33.54	6.457	\$	322.67	\$	216.56
PRESCRIPTION DRUGS	1,286	5,083	410,414.75		80.74	2.624		319.14		211.88

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	28	220		12,480.78		56.73	.114	445.74	6.44	
OUTPATIENTS	1,260	4,863		397 <b>,</b> 933.97		81.83	2.511	315.82	205.44	
MEDICAL SUPPLIES	93	7,424		9,057.69		1.22	3.833	97.39	4.68	
@DENTIST	32	159	\$	9,785.65	\$	61.54	.082	\$ 305.80	\$ 5.05	
VISITS - DIAGNOSTIC	18	63		759.65		12.06	.033	42.20	.39	
ORAL SURGERY	10	69		4,711.00		68.28	.036	471.10	2.43	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	3	3		300.00		100.00	.002	100.00	.15	
PERIODONTICS	2	2		110.00		55.00	.001	55.00	.06	
ENDODONTICS	1	1		.00		.00	.001	.00	.00	
RESTORATIVE DENTISTRY	1	1		55.00		55.00	.001	55.00	.03	
PROSTHETICS	1	1		30.00		30.00	.001	30.00	.02	
DENTURES, STAYPLATES	10	17		3,820.00		224.71	.009	382.00	1.97	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	3	2		.00		.00	.001	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	004 THRU D	EC 2004	PAGE 2,334	
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05	
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R MN - N	O SOC	- AGED AID	CODE	14 1H 1U	1X			

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MN - NO	SUC	- AGED AID	CODE 14 IH IU					
						MC	TINC	HLY AVERA	GE	
1,937 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		3 (	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	27	80	\$	1,591.25	\$ 19.89	.041	\$	58.94	\$	.82
DIAGNOSTIC AND ANC. PROCED	8	10		371.59	37.16	.005		46.45		.19
EYE APPLIANCES	24	67		1,170.35	17.47	.035		48.76		.60
OTHER OPTOMETRIC SERVICES	2	3		49.31	16.44	.002		24.66		.03
@CHIROPRACTOR	1	4	\$	50.16	\$ 12.54	.002	\$	50.16	\$	.03
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	1	4		50.16	12.54	.002		50.16		.03
@PODIATRIST	43	79	\$	762.28	\$ 9.65	.041	\$	17.73	\$	.39
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	43	79		762.28	9.65	.041		17.73		.39
@HOME HEALTH AGENCY	1	6	\$	449.16	\$ 74.86	.003	\$	449.16	\$	.23
NURSE ANESTHESIST	3	4	\$	62.31	\$ 15.58	.002	\$	20.77	\$	.03
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00		.00
@TOTAL HOSPITAL	187	589	\$	47 <b>,</b> 359.71		.304	\$	253.26	\$	24.45
HOSP INPATIENT TOTAL	36	3		36 <b>,</b> 547.79	12182.60	.002		1015.22		18.87
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	3		8 <b>,</b> 165.66	2721.89	.002		8165.66		4.22
ACCOMMODATIONS	1	3		3,735.03	1245.01	.002		3735.03		1.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	1	3		3,735.03	1245.01	.002		3735.03		1.93
ANCILLARIES	1	0		4,430.63	.00	.000		4430.63		2.29
INPATIENT CROSSOVERS	35	0		28,382.13	.00	.000		810.92		14.65
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	176	586		10,811.92	18.45	.303		61.43		5.58
MEDICAL	9	13		755.78	58.14	.007		83.98		.39
SURGERY	1	1		13.43	13.43	.001		13.43		.01
PATHOLOGY	7	19		221.89	11.68	.010		31.70		.11

RADIOLOGY	5	6	141.95	23.66	.003	28.39	.07
ROOM USE	2	2	171.09	85.55	.001	85.55	.09
CROSSOVERS/ALL OTH OUTPINT	160	545	9,507.78	17.45	.281	59.42	4.91
@COUNTY HOSPITAL TOTAL	4	10 \$	286.60	\$ 28.66	.005 \$	71.65	\$ .15
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10	286.60	28.66	.005	71.65	.15
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	10	286.60	28.66	.005	71.65	.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 2,335
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR MN - NO SO	C - AGED AID	CODE 14 1H 1U	1X		
					MONT	THLY AVERAG	GE
1,937 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	579 \$	47,073.11	•	.299 \$	257.23	\$ 24.30
COMM HOSP INPATIENT TOTAL	36	3	36 <b>,</b> 547.79	12182.60	.002	1015.22	18.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	8,165.66	2721.89	.002	8165.66	4.22
ACCOMMODATIONS	1	3	3,735.03	1245.01	.002	3735.03	1.93

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		3,735.03		1245.01	.002		3735.03		1.93
ANCILLARIES	1	0		4,430.63		.00	.002		4430.63		2.29
INPATIENT CROSSOVERS	35	0		28,382.13		.00	.000		810.92		14.65
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	172	576							61.19		5.43
COMM HOSP OUTPATIENT TOTAL	1/2	13		10,525.32		18.27	.297				
MEDICAL	1	13		755.78 13.43		58.14 13.43	.007		83.98		.39
SURGERY	± 7	19					.001		13.43		.01
PATHOLOGY	5			221.89		11.68	.010		31.70		.11
RADIOLOGY		6		141.95		23.66	.003		28.39		.07
ROOM USE	2 156	2		171.09		85.55	.001		85.55		.09
CROSSOVERS/ALL OTH OUTPTNT		535		9,221.18		17.24	.276		59.11		4.76
@STATE HOSPITAL	0	0	\$	.00	Ş	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	37	561	\$	81,403.73	\$	145.10	.290	\$	2200.10	Ş	42.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	37	561		81,403.73		145.10	.290		2200.10		42.03
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	30	\$	276.03	\$	9.20	.015	\$	18.40	\$	.14
PATHOLOGY	14	25		269.73		10.79	.013		19.27		.14
XO AND OTHERS	1	5		6.30		1.26	.003		6.30		.00
@ORGANIZED OUTPATIENT CLINIC	290	450	\$	26,503.85	\$	58.90	.232	\$	91.39	\$	13.68
CLINIC	1	3		187.77		62.59	.002		187.77		.10
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	289	447		26,316.08		58.87	.231		91.06		13.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR	r for Jan 2		DEC	2004	Ρž	AGE 2,336
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - N	NO SOC	- AGED AID	CODE	E 14 1H 1U	1X				
							M	TNOI	HLY AVERA	GE -	
1,937 ELIGIBLES	USERS	UNITS OF SERVICE	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG	j	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	223	3,094	\$	10,388.99	\$	3.36	1.597	\$	46.59	\$	5.36
DURABLE MED. EQUIP.	3	6		252.22		42.04	.003		84.07		.13
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		531.33		531.33	.001		531.33		.27
MEDICAL TRANSPORTATION	12	1,029		1,707.39		1.66	.531		142.28		.88
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	11	1,024		1,700.55		1.66	.529		154.60		.88
OTHER SERVICES	1	5		6.84		1.37	.003		6.84		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	-	-									

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	Ō	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	42	94	1,069.26		11.38	.049	25.46	.55
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50		.50	.001	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	970.61	4	85.31	.001	485.31	.50
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	170	1,961	5 <b>,</b> 857.68		2.99	1.012	34.46	3.02
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	543	4,499	\$ 71,982.29	\$	16.00	2.323	\$ 132.56	\$ 37.16

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDOD DATA AND INCHOURD I	N IND MILLOURING DEIME DIMES MOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,337
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24	

DEE NORTE COUNTY	DOMINANT OF DEINV	TCHO FOR MIN INO DOC	DHIND	AID CODE	27		
					MON	THLY AVERAC	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11	355 \$	39,352.96	\$ 110.85	44.375 \$	3577.54	\$ 4919.12
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	9	94	\$	8,158.29	\$ 8	6.79	11.750	\$	906.48	\$	1019.79
PRESCRIPTION DRUGS	9	94		8,158.29	8	6.79	11.750		906.48		1019.79
SNF/ICF	9	94		8,158.29	8	6.79	11.750		906.48		1019.79
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT REF	PORT FO	R JAN 2	004 THRU	DEC	2004	P	AGE 2,338
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05

DEE NORTE COOKII	DOIMMING OF DELICE	TODO TOTO THE NO	DELIND		TITE CODE					
						MC	NT	HLY AVERA	GΕ	
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
	0	0							
PATHOLOGY	U	0	.00		.00	.000	.00		.00
RADIOLOGY	Ü	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	Ô	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
	0	0							
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	U	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	Ô	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
								DAGE	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON		H: P( ) R:	I FOR JAN /	UU4 THRU DE	:C /	PA(-F	2 <b>,</b> 339
			III OF TATMENT IN	LI OI	1 1010 01110 2	OOI IIII(O DI	10 2001		
MOP024	FEE-FOR-SERVICE	/DENTAL		DI OIV.			10 2001		3/14/05
MOP024 DEL NORTE COUNTY				DI OI	AID CODE	24		0	3/14/05
		/DENTAL		LI OI				0	3/14/05
		/DENTAL			AID CODE	24	THLY AVERA	0 .GE	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	/DENTAL ICES FOR MN - NO SOC -	BLIND	AVI	AID CODE	24 MON UNITS/DAYS	THLY AVERA	GE COS	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE	BLIND	AVI	AID CODE	24 MON UNITS/DAYS	ITHLY AVERA COST PER USER	GE COS' ELI	3/14/05  T PER
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$	BLIND EXPENDITURES .00	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00	24 MON UNITS/DAYS PER ELIG .000 \$	ITHLY AVERA COST PER USER .00	GE COS' ELI	3/14/05  T PER GIBLE .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	BLIND EXPENDITURES .00 .00	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000	OTHLY AVERA COST PER USER 00 .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV  USERS  0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000	OTHLY AVERA COST PER USER 00 .00 .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	OTHLY AVERA COST PER USER 00 .00 .00 .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	OTHLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV  USERS  0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	OTHLY AVERA  COST PER  USER  00  .00  .00  .00  .00  .00  .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	OTHLY AVERAL COST PER USER S .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  000 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	OTHLY AVERAL COST PER USER S .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  000 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  S .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC - UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	OTHLY AVERA COST PER USER 00 .00 .00 .00 .00 .00 .00 .00	GE COS' ELI	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  000 .000 .000 .000 .000 .000 .000 .0	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE  ERAGE COST R UNIT/DAY	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$	AID CODE  ERAGE COST R UNIT/DAY	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	OGE COS' ELI'	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI	AID CODE  ERAGE COST R UNIT/DAY	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE COS' ELI	3/14/05 T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	OGE COS' ELI'	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  000 .000 .000 .000 .000 .000 .000 .0	OGE COS' ELI' \$	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  000 .000 .000 .000 .000 .000 .000 .0	OGE COS' ELI' \$	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  08 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR MN - NO SOC -  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	24 MON UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER  USER  000 .000 .000 .000 .000 .000 .000 .0	OGE COS' ELI' \$	3/14/05  T PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	260		31,096.00		119.60	32.500		3109.60		3887.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MO	ONTH-OF-PAYMENT RI	EPORI	r for Jan 2	2004 THRU	DEC	2004	P	AGE 2,340
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES E	FOR MN - NO	SOC	- BLIND		AID CODE					
							Mo	TNO	HLY AVERA	GE ·	
08 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
	OR I	DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	98.67	\$	98.67	.125	\$	98.67	\$	12.33
DURABLE MED. EQUIP.	1	1		98.67		98.67	.125		98.67		12.33
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
A+ MOMATO TAL BURGE TIMES ADE CIVEN	YO Y ODDADADD .	TATECODATA DE TANCACATA	_				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,341
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

DEE NORTE COONTI	DOMINANT OF DEIN	VICED FOR MY NO DOC	DISADDO 04 (	00 011 00 07 02	00		
					MON	NTHLY AVERA	GE
1,648 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1 <b>,</b> 685	16,343 \$	898,802.14	\$ 55.00	9.917	\$ 533.41	\$ 545.39
@PHYSICIANS SERVICES	273	895 \$	23,168.34	\$ 25.89	.543	\$ 84.87	\$ 14.06
OUTPATIENT VISITS	54	82	2,817.53	34.36	.050	52.18	1.71
OFFICE VISITS	44	70	2,051.95	29.31	.042	46.64	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8	653.98	81.75	.005	93.43	.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	4	111.60	27.90	.002	37.20	.07
INPATIENT VISITS	7	120	4,470.46	37.25	.073	638.64	2.71
HOSPITAL VISITS	5	118	4,358.36	36.94	.072	871.67	2.64
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	112.10	56.05	.001	56.05	.07
OPHTHALMOLOGICAL SERVICES	3	3	117.71	39.24	.002	39.24	.07
EXAMINATIONS	3	3	117.71	39.24	.002	39.24	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	53	6,797.80	128.26	.032	849.73	4.12
PRINCIPAL SURGEON	7	15	5 <b>,</b> 863.86	390.92	.009	837.69	3.56
ASSISTANT SURGEON	1	1	168.65	168.65	.001	168.65	.10
ANESTHESIOLOGIST	3	37	765.29	20.68	.022	255.10	.46

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	Ω .	11	2,713.46	246.68	.007	339.18	1.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0 0 66	.00	.00	.000	.00	.00
PATHOLOGY	19	66	345.68	5.24	.040	18.19	
RADIOLOGY	41	71		18.25			
	0	7 1	1,295.65		.043	31.60	.79
PSYCHIATRY	4	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4	36.47	9.12	.002	9.12	.02
OTHER SERVICES/ALL X-OVERS	176 1 <b>,</b> 245	4 485 10,809 \$	4,573.58 587,079.33	9.43	.294	25.99	2.78
@PHARMACY	1,245	10,809 \$		\$ 54.31		\$ 471.55	
PRESCRIPTION DRUGS	1,233	5,610	578,014.00	103.03	3.404	468.79	350.74
SNF/ICF	21	308	17,301.00	30.17	.187	823.86	10.50
OUTPATIENTS	1,215	5,302	560,713.00	105.75	3.217	461.49	340.24
MEDICAL SUPPLIES	101	5,199	9,065.33	1.74	3.155	89.76	5.50
@DENTIST	41	168 \$		\$ 35.88	3.155 .102	\$ 147.02	\$ 3.66
VISITS - DIAGNOSTIC		122	1,403.00	11.50	.074	73.20	.05
ORAL SURGERY	7	21	1,014.00	48.29	.013	144.86	.62
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.06
PERIODONTICS	1	1	118.00	118.00	.001	118.00	.07
ENDODONTICS	1	3	590.00	196.67	.002	590.00	.36
RESTORATIVE DENTISTRY	7	13	633.00	48.69	.008	90.43	.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	7	2,170.00	310.00	.000 .004 .000	434.00	
SPACE MAINTAINERS	0	0	.00	.00			.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	Λ	0	.00	.00	.000	.00	$\cap$
	O	U					.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	.00	.00	.000	.00	.00 PAGE 2,342
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES 1	.00 MONTH-OF-PAYMENT R	.00 EPORT FOR JAN	.000 2004 THRU D	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES	.00 MONTH-OF-PAYMENT R	.00 EPORT FOR JAN	.000 2004 THRU D	.00 EC 2004	.00 PAGE 2,342 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES IN A CONTROL OF THE PROPERTY OF THE PROPER	.00 MONTH-OF-PAYMENT R C - DISABLED 64	.00 EPORT FOR JAN 6G 6H 6U 6V 6X	.000 2004 THRU D 8G	.00 EC 2004 NTHLY AVERA	.00 PAGE 2,342 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES IN A CONTROL OF SERVICE	.00 MONTH-OF-PAYMENT R C - DISABLED 64	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST	.000 2004 THRU D 8G MO UNITS/DAYS	.00 EC 2004 NTHLY AVERA COST PER	.00 PAGE 2,342 03/14/05 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 1,648 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	ES AND EXPENDITURES OF A SERVICE OR DAYS OF CARE	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY	.000 2004 THRU D 8G MO UNITS/DAYS PER ELIG	.00 EC 2004 NTHLY AVERA COST PER USER	.00 PAGE 2,342 03/14/05 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48	ES AND EXPENDITURES IN A COMMENTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE 133 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10	.00 PAGE 2,342 03/14/05 GE COST PER ELIGIBLE \$ 1.63
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  48 14	ES AND EXPENDITURES IN THE PROPERTY OF SERVICE OR DAYS OF CARE 133 \$ 17	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  48 14 41	EES AND EXPENDITURES OF THE PROPERTY OF SERVICE OR DAYS OF CARE 133 \$ 17 115	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52	.00 PAGE 2,342 03/14/05 GE COST PER ELIGIBLE \$ 1.63 .39 1.18
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 14 41 3	EES AND EXPENDITURES IN THE PROPERTY OF SERVICE OR DAYS OF CARE 133 \$ 17 115 1	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 14 41 3 5	ES AND EXPENDITURES IN THE PROPERTY OF SERVICE OR DAYS OF CARE 133 \$ 17 115 1 9 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01	.00 EPORT FOR JAN 6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 14 41 3	EES AND EXPENDITURES IN THE PROPERTY OF SERVICE OR DAYS OF CARE  133 \$ 17 115 1 9 \$ 3	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4	CES AND EXPENDITURES OF CENTAL VICES FOR MN - NO SOUTH OF CARE 133 \$ 17 115 1 9 \$ 3 6	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .070 .001 .005 .002	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31	CES AND EXPENDITURES OF CENTAL VICES FOR MN - NO SOUTH OF CARE 133 \$ 17 115 1 9 \$ 3 6 6 52 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16	.000 2004 THRU D 88G MO 9 UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4	CES AND EXPENDITURES OF CONTROL OF SERVICE OR DAYS OF CARE  133 \$ 17 115 1 9 \$ 3 6 52 \$ 4	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20	.00 EPORT FOR JAN 6G 6H 6U 6V 6X AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1	CES AND EXPENDITURES OF COMMENTAL VICES FOR MN - NO SOUTH OF CARE OR DAYS OF CARE 133 \$ 17 115 1 9 \$ 3 6 6 52 \$ 4 2	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14	.00 EPORT FOR JAN 6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .001	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  48 14 41 3 5 2 4 31 4 1 0	EES AND EXPENDITURES OF JOINTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE  133 \$ 17 115 1 9 \$ 3 6 52 \$ 4 2 0	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00	.00 EPORT FOR JAN 6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00	.000 2004 THRU D 88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .001 .000	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1	CES AND EXPENDITURES OF COMMENTAL VICES FOR MN - NO SOUTH OF CARE OR DAYS OF CARE 133 \$ 17 115 1 9 \$ 3 6 6 52 \$ 4 2	.00 MONTH-OF-PAYMENT R C - DISABLED 64 EXPENDITURES 2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14	.00 EPORT FOR JAN 6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07	.000 2004 THRU D 88G MO 9 UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .001 .000	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1	EES AND EXPENDITURES OF JOINTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE  133 \$ 17 115 1 9 \$ 3 6 6 52 \$ 4 2 2 0 0 446 13 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42	.000 2004 THRU D  88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .001 .000 .000 .028 .008	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6	EES AND EXPENDITURES OF JOINTAL VICES FOR MN - NO SOUTH STATE OR DAYS OF CARE 133 \$ 17 \$ 115 \$ 1 \$ 9 \$ \$ 3 \$ 6 \$ 52 \$ 4 \$ 2 \$ 0 \$ 46 \$ 13 \$ 39 \$ \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93	.000 2004 THRU D  88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .001 .000 .028 .008 .024	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.68 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 84.04	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6 0	EES AND EXPENDITURES OF JOINTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE 133 \$ 17 115 1 9 \$ 3 6 6 52 \$ 4 4 2 2 0 46 13 \$ 39 \$ 0 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26 .00	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93 \$ .00	.000 2004 THRU D  88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .001 .000 .028 .008 .024 .000	.00 EC 2004 NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 84.04 \$ .00	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6 0 0	EES AND EXPENDITURES OF JOINTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE  133 \$ 17   115   1   9 \$ \$ 3   6   52 \$ 4   2 0   46   13 \$ 39 \$ 0 \$ 0 \$ 0 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26 .00 .00	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93 \$ .00 \$ .00	.000 2004 THRU D  88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .004 .032 .002 .001 .000 .28 .008 .024 .000 .000	.00 EC 2004  NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 84.04 \$ .00 \$ .00	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31 \$ .00 \$
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6 0 0 0	EES AND EXPENDITURES OF JOENTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE 133 \$ 17 \$ 115 \$ 1 \$ 9 \$ \$ 3 \$ 6 \$ 6 \$ 52 \$ 4 \$ 2 \$ 0 \$ 46 \$ 13 \$ \$ 39 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26 .00 .00 .00	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93 \$ .00 \$ .00 \$ .00	.000 2004 THRU D  88G MO UNITS/DAYS PER ELIG .081 .010 .070 .001 .005 .002 .004 .032 .002 .004 .032 .002 .001 .000 .028 .008 .024 .000 .000 .000	.00 EC 2004  NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 84.04 \$ .00 \$ .00 \$ .00	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31 \$ .00 \$ .00 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6 0 0 0 194	EES AND EXPENDITURES OF JOENTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE 133 \$ 17 \$ 115 \$ 1 \$ 9 \$ \$ 3 \$ 6 \$ 52 \$ \$ 4 \$ 2 \$ 0 \$ 46 \$ 13 \$ \$ 39 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 802 \$ \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26 .00 .00 .00 146,201.90	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93 \$ .00 \$ .00 \$ .00 \$ .00 \$ .82.30	.000 2004 THRU D  .88G	.00 EC 2004  NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 4.04 \$ .00 \$ .00 \$ .753.62	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31 \$ .00 \$ .00 \$ .00 \$ .88.71
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6 0 0 0 194 27	EES AND EXPENDITURES OF JOINTAL VICES FOR MN - NO SOLUTION OF SERVICE OR DAYS OF CARE  133 \$ 17 115 1 9 \$ 3 6 52 \$ 4 2 0 46 13 \$ 39 \$ 0 \$ 0 \$ 0 \$ 802 \$ 40	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26 .00 .00 .146,201.90 124,130.85	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93 \$ .00 \$ .00 \$ .00 \$ .00 \$ .82.30 3103.27	.000 2004 THRU D  88G	.00 EC 2004  NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 84.04 \$ .00 \$ .00 \$ .00 \$ .753.62 4597.44	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31 \$ .00 \$ .00 \$ .00 \$ .88.71 75.32
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  1,648 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  48 14 41 3 5 2 4 31 4 1 0 26 1 6 0 0 0 194	EES AND EXPENDITURES OF JOENTAL VICES FOR MN - NO SOUTH OF SERVICE OR DAYS OF CARE 133 \$ 17 \$ 115 \$ 1 \$ 9 \$ \$ 3 \$ 6 \$ 52 \$ \$ 4 \$ 2 \$ 0 \$ 46 \$ 13 \$ \$ 39 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 802 \$ \$	.00 MONTH-OF-PAYMENT R C - DISABLED 64  EXPENDITURES  2,692.90 648.28 1,948.27 96.35 128.01 50.16 77.85 1,100.17 129.20 108.14 .00 862.83 928.45 504.26 .00 .00 .00 146,201.90	.00 EPORT FOR JAN  6G 6H 6U 6V 6X  AVERAGE COST PER UNIT/DAY \$ 20.25 38.13 16.94 96.35 \$ 14.22 16.72 12.98 \$ 21.16 32.30 54.07 .00 18.76 \$ 71.42 \$ 12.93 \$ .00 \$ .00 \$ .00 \$ .00 \$ .82.30	.000 2004 THRU D  .88G	.00 EC 2004  NTHLY AVERA COST PER USER \$ 56.10 46.31 47.52 32.12 \$ 25.60 25.08 19.46 \$ 35.49 32.30 108.14 .00 33.19 \$ 928.45 \$ 4.04 \$ .00 \$ .00 \$ .753.62	.00 PAGE 2,342 03/14/05  GE COST PER ELIGIBLE \$ 1.63 .39 1.18 .06 \$ .08 .03 .05 \$ .67 .08 .07 .00 .52 \$ .56 \$ .31 \$ .00 \$ .00 \$ .00 \$ .88.71

8 11 2,713.46 246.68 .007 339.18 1.65

OUTPATIENT SURGERY

NON-HSC HOSPITAL TOTAL	10	36		106,591.84	2960.88	.022	10659.18	64.68
ACCOMMODATIONS	10	36		28,689.90	796.94	.022	2868.99	17.41
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.002	925.20	.56
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	32		27,764.70	867.65	.019	3084.97	16.85
ANCILLARIES	10	0		77,901.94	.00	.000	7790.19	47.27
INPATIENT CROSSOVERS	15	0		12,715.01	.00	.000	847.67	7.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	183	762		22,071.05	28.96	.462	120.61	13.39
MEDICAL	29	75		4,225.87	56.34	.046	145.72	2.56
SURGERY	8	8		384.75	48.09	.005	48.09	.23
PATHOLOGY	48	238		3,011.58	12.65	.144	62.74	1.83
RADIOLOGY	36	48		2,627.08	54.73	.029	72.97	1.59
ROOM USE	34	55		2,604.45	47.35	.033	76.60	1.58
CROSSOVERS/ALL OTH OUTPINT	131	338		9,217.32	27.27	.205	70.36	5.59
@COUNTY HOSPITAL TOTAL	1	3	\$	100.27	\$ 33.42	.002	\$ 100.27	\$ .06
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		100.27	33.42	.002	100.27	.06
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	3		100.27	33.42	.002	100.27	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU:	RES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,343
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - N	0 SO	C - DISABLED 64 6	SG 6H 6U 6V 6X	K 8G		
						M	ONTHLY AVERA	GE

					MON	THLI AVERA	JE
1,648 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	193	799 \$	146,101.63	\$ 182.86	.485 \$	757.00	\$ 88.65
COMM HOSP INPATIENT TOTAL	27	40	124,130.85	3103.27	.024	4597.44	75.32
HSC HOSPITALS	2	4	4,824.00	1206.00	.002	2412.00	2.93
NON-HSC HOSPITALS TOTAL	10	36	106,591.84	2960.88	.022	10659.18	64.68
ACCOMMODATIONS	10	36	28,689.90	796.94	.022	2868.99	17.41
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.002	925.20	.56
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	32	27,764.70	867.65	.019	3084.97	16.85
ANCILLARIES	10	0	77 <b>,</b> 901.94	.00	.000	7790.19	47.27
INPATIENT CROSSOVERS	15	0	12,715.01	.00	.000	847.67	7.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	182	759	21,970.78	28.95	.461	120.72	13.33
MEDICAL	29	75	4,225.87	56.34	.046	145.72	2.56
SURGERY	8	8	384.75	48.09	.005	48.09	.23
PATHOLOGY	48	238	3,011.58	12.65	.144	62.74	1.83
RADIOLOGY	36	48	2,627.08	54.73	.029	72.97	1.59
ROOM USE	34	55	2,604.45	47.35	.033	76.60	1.58

CROSSOVERS/ALL OTH OUTPINT	130	335		9,117.05		27.22	.203		70.13		5.53
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	19	378	\$	56,305.15	\$	148.96	.229	\$	2963.43	\$	34.17
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	378		56,305.15		148.96	.229		2963.43		34.17
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$	.00	.000	¢		\$	.00
ICF DDH	0	0	٧	.00	Ψ.	.00	.000	7	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ċ		Ś	.00
	0	0	٧	.00	۲		.000	۲	.00	ې	.00
HOSPITAL BASED	0	0				.00					
HEMODIALYSIS CENTER	U	-		.00	_	.00	.000	_	.00		.00
@REHABILITATION FACILITY	2	26	\$	400.23	\$	15.39	.016	Ş	200.12	\$	.24
HOSPITAL BASED	2	26		400.23		15.39	.016		200.12		. 24
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	52	143	\$	1,789.46	\$	12.51	.087	\$		\$	1.09
PATHOLOGY	52	143		1,789.46		12.51	.087		34.41		1.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	472	733	\$	44,042.51	\$	60.09	.445	\$	93.31	\$	26.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	472	733		44,042.51		60.09	.445		93.31		26.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 2,344
MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY			SOC	- DISABLED 64	6G 6F	4 6U 6V 6X	8G				, , ,
222 1.01.12 0001.11	0011111111 01 02111	1020 1010 1110 110	200	210112222	00 01		M	ONT	HLY AVERA	GE	
1,648 ELIGIBLES	USERS	UNITS OF SERVICE									COST PER
1,010 221012220	00210			EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		JUUI 1 11.
				EXPENDITURES		RAGE COST	/	-			TLIGIBLE
GALL OTHER PROVIDERS	199	OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER	]	ELIGIBLE 17 25
@ALL OTHER PROVIDERS	199	OR DAYS OF CARE 2,143		28,433.43		R UNIT/DAY 13.27	PER ELIG		USER 142.88		17.25
DURABLE MED. EQUIP.	10	OR DAYS OF CARE 2,143 25	1	28,433.43 9,416.32	PEF	13.27 376.65	PER ELIG 1.300 .015		USER 142.88 941.63	]	17.25 5.71
DURABLE MED. EQUIP. BLOOD BANK	10	OR DAYS OF CARE 2,143 25 0	1	28,433.43 9,416.32	PEF	R UNIT/DAY 13.27 376.65 .00	PER ELIG 1.300 .015 .000		USER 142.88 941.63 .00	]	17.25 5.71 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	10 0 0	OR DAYS OF CARE 2,143 25 0	1	28,433.43 9,416.32 .00	PEF	R UNIT/DAY 13.27 376.65 .00	PER ELIG 1.300 .015 .000		USER 142.88 941.63 .00	]	17.25 5.71 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	10 0 0 22	OR DAYS OF CARE 2,143 25 0 0 302	1	28,433.43 9,416.32 .00 .00 4,564.83	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12	PER ELIG 1.300 .015 .000 .000		USER 142.88 941.63 .00 .00 207.49	]	17.25 5.71 .00 .00 2.77
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	10 0 0 22 14	OR DAYS OF CARE 2,143 25 0 0 302 258	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23	PER ELIG 1.300 .015 .000 .000 .183 .157		USER 142.88 941.63 .00 .00 207.49 170.10	]	17.25 5.71 .00 .00 2.77 1.45
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	10 0 0 22 14 3	OR DAYS OF CARE 2,143 25 0 302 258 14	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40	PER ELIG 1.300 .015 .000 .000 .183 .157 .008		USER 142.88 941.63 .00 .00 207.49 170.10 34.55	]	17.25 5.71 .00 .00 2.77 1.45 .06
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	10 0 0 22 14 3 6	OR DAYS OF CARE 2,143 25 0 302 258 14 30	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	10 0 0 22 14 3 6	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	10 0 0 22 14 3 6 0	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	10 0 0 22 14 3 6 0 0	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	10 0 0 22 14 3 6 0 0	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 0 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	10 0 0 22 14 3 6 0 0 0	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 0 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00 .00	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	10 0 0 22 14 3 6 0 0 0 0	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 0 119	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00 .00 .24.36	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	10 0 0 22 14 3 6 0 0 0 0 0 49 2	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 119	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00 .00 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000 .000 .000 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00 .24.36 139.16	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	10 0 0 22 14 3 6 0 0 0 0 0 49 2	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 119 19 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00 .00 .24.36	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	10 0 0 22 14 3 6 0 0 0 0 0 49 2 0 0	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 119 19 0 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00 .00 .00 .00	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000 .000 .000 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00 .24.36 139.16	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	10 0 0 22 14 3 6 0 0 0 0 0 49 2	OR DAYS OF CARE 2,143 25 0 0 302 258 14 30 0 0 119 19 0	1	28,433.43 9,416.32 .00 .00 4,564.83 2,381.38 103.66 2,079.79 .00 .00 .00 .00 .00 .00 .00 .0	PEF	R UNIT/DAY 13.27 376.65 .00 .00 15.12 9.23 7.40 69.33 .00 .00 .00 .00	PER ELIG 1.300 .015 .000 .000 .183 .157 .008 .018 .000 .000 .000 .000 .000 .000 .000		USER 142.88 941.63 .00 .00 207.49 170.10 34.55 346.63 .00 .00 .00 .00 .24.36 139.16 .00	]	17.25 5.71 .00 .00 2.77 1.45 .06 1.26 .00 .00 .00 .00 .00

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SPEECH AND AUDIOLOGY

ORTHOTICS

PSYCHOLOGIST

HOSPICE SERVICES	1	15		1,827.45	121.83	.009	1827.45	1.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	718		5,926.09	8.25	.436	370.38	3.60
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	102	940		3,624.08	3.86	.570	35.53	2.20
@CALIF. CHILDREN SERVICES*	1	1	\$	2,275.45	\$ 2275.45	.001	\$ 2275.45	\$ 1.38
@XOVER EXCLUDING STATE HOSP**	351	3,203	\$	39,686.34	\$ 12.39	1.944	\$ 113.07	\$ 24.08
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEDARATE	TNEORMATTON	TTEM ONLY.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 2,345 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

						MO	NTHLY AVERA	GE	
28,969 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	13,936	64,142	\$	3,950,545.30	\$ 61.59	2.214	\$ 283.48	\$ 136.37	
@PHYSICIANS SERVICES	2,098	4,662	\$	195,688.22	\$ 41.98	.161	\$ 93.27	\$ 6.76	
OUTPATIENT VISITS	699	866		31,871.36	36.80	.030	45.60	1.10	
OFFICE VISITS	588	733		25,551.51	34.86	.025	43.45	.88	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	77	85		4,112.45	48.38	.003	53.41	.14	
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69	.00	
OB VISITS/COMPRE PERI	13	20		1,262.06	63.10	.001	97.08	.04	
OTHER OUTPATIENT	26	27		910.65	33.73	.001	35.03	.03	
INPATIENT VISITS	87	279		15,552.78	55.74	.010	178.77	.54	
HOSPITAL VISITS	75	212		9,084.11	42.85	.007	121.12	.31	
CRITICAL CARE	18	67		6,468.67	96.55	.002	359.37	.22	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	33	39		1,621.93	41.59	.001	49.15	.06	

EXAMINATIONS	33	39		1,621.93		41.59	.001		49.15		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	79	428		34,843.10		81.41	.015		441.05		1.20
PRINCIPAL SURGEON	56	82		28,487.31		347.41	.003		508.70		.98
ASSISTANT SURGEON	12	12		1,740.44		145.04	.000		145.04		.06
ANESTHESIOLOGIST	20	334		4,615.35		13.82	.012		230.77		.16
OUTPATIENT SURGERY	231	434		49,388.80		113.80	.015		213.80		1.70
PRINCIPAL SURGEON	221	327		46,984.74		143.68	.011		212.60		1.62
ASSISTANT SURGEON	2	2		269.54		134.77	.000		134.77		.01
ANESTHESIOLOGIST	13	105		2,134.52		20.33	.004		164.19		.07
DIALYSIS	3	39		648.18		16.62	.001		216.06		.02
PATHOLOGY	175	245		5,694.76		23.24	.008		32.54		.20
RADIOLOGY	1,020	1,518		37,942.53		25.00	.052		37.20		1.31
PSYCHIATRY	0	. 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	78	159		1,305.16		8.21	.005		16.73		.05
OTHER SERVICES/ALL X-OVERS	258	655		16,819.62		25.68	.023		65.19		.58
@PHARMACY	6,550	17,767	\$	955,197.86	\$		.613	\$	145.83	\$	32.97
PRESCRIPTION DRUGS	6,505	15,610		945,724.09		60.58	.539		145.38		32.65
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	6,505	15,610		945,724.09		60.58	.539		145.38		32.65
MEDICAL SUPPLIES	104	2,157		9,473.77		4.39	.074		91.09		.33
@DENTIST	258	1,992	\$	74,516.00	\$	37.41	.069	\$	288.82	\$	2.57
VISITS - DIAGNOSTIC	209	958		16,631.75		17.36	.033		79.58		.57
ORAL SURGERY	82	395		25,306.25		64.07	.014		308.61		.87
DRUGS	3	3		75.00		25.00	.000		25.00		.00
ANESTHESIA	31	31		2,900.00		93.55	.001		93.55		.10
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	36	77		5,400.00		70.13	.003		150.00		.19
RESTORATIVE DENTISTRY	95	410		20,353.00		49.64	.014		214.24		.70
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	14		3,410.00		243.57	.000		378.89		.12
SPACE MAINTAINERS	2	2		200.00		100.00	.000		100.00		.01
MAXILLOFACIAL SERVICES	3	3		100.00		33.33	.000		33.33		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	4	4		140.00		35.00	.000		35.00		.00
ALL OTHER SERVICES	12	95		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 2,346
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-F	AM 34 39 3N 3T 3V 5	54 59	5J 5W-5Y	' 6J 7J 7K				

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 28,969 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 61.81 \$ .81 @OPTOMETRIST 379 1,016 23,426.53 \$ 23.06 .035 \$ 40.25 294 328 44.91 DIAGNOSTIC AND ANC. PROCED 13,203.22 .011 239 10,189.08 EYE APPLIANCES 684 14.90 .024 42.63 .35 3 4 OTHER OPTOMETRIC SERVICES 34.23 8.56 .000 11.41 .00 @CHIROPRACTOR 175 290 4,747.12 \$ 16.37 .010 \$ 27.13 \$ 173 288 4,719.22 27.28 VISITS 16.39 .010 .16 OTHER SERVICES 2 27.90 13.95 .000 13.95 .00 16 656.08 \$ 27.34 41.01 \$ .02 @PODIATRIST 24 .001 \$ 16 18 552.28 30.68 34.52 MEDICINE/INJECTIONS .001 .02 0 0 SURGERY/ANES. .00 .00 .000 .00 .00 3 103.80 17.30 RADIO./PATHOLOGY .000 34.60 0 0 .00 .00 OTHER .00 .000 .00 18 67 4,398.01 \$ .002 \$ 244.33 \$ @HOME HEALTH AGENCY 65.64 .15 NURSE ANESTHESIST 173 18,173.13 \$ 18.91 .033 \$ 105.05 \$

NURSE MIDWIFE	69	134	\$	23,865.81	\$	178.10	.005	\$	345.88	\$	.82
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	3,266	16,748	\$	1,575,617.72	\$	94.08	.578	\$	482.43	\$	54.39
HOSP INPATIENT TOTAL	169	697		1,045,308.46		1499.73	.024		6185.26		36.08
HSC HOSPITALS	13	54		72,212.00		1337.26	.002		5554.77		2.49
NON-HSC HOSPITAL TOTAL	156	643		970,551.10		1509.41	.022		6221.48		33.50
ACCOMMODATIONS	156	643		454,100.23		706.22	.022		2910.90		15.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	156	643		454,100.23		706.22	.022		2910.90		15.68
ANCILLARIES	156	0		516,450.87		.00	.000		3310.58		17.83
INPATIENT CROSSOVERS	3	0		2,545.36		.00	.000		848.45		.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,180	16,051		530,309.26		33.04	.554		166.76		18.31
MEDICAL	1,512	2,095		119,668.54		57.12	.072		79.15		4.13
SURGERY	348	447		24,959.22		55.84	.015		71.72		.86
PATHOLOGY	1,256	4,578		56,715.10		12.39	.158		45.16		1.96
RADIOLOGY	1,136	1,641		109,486.28		66.72	.057		96.38		3.78
ROOM USE	1,860	2,710		106,974.34		39.47	.094		57.51		3.69
CROSSOVERS/ALL OTH OUTPTNT	1,446	4,580		112,505.78		24.56	.158		77.80		3.88
@COUNTY HOSPITAL TOTAL	. 2	. 3	\$	111.35	\$	37.12	.000	\$	55.68	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		111.35		37.12	.000		55.68		.00
MEDICAL	1	1		64.19		64.19	.000		64.19		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.21		34.21	.000		34.21		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		12.95		12.95	.000		12.95		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2004 THRU	DEC	2004	PA	GE 2,347
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN-NOSC	OC-FA	M 34 39 3N 3T 3V 5	54 5	9 5J 5W-5Y	6J 7J 7K				
							M			GE -	
28,969 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S C	OST PER	С	OST PER
		OR DAYS OF CARE	€		PE		PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,264	16 <b>,</b> 745	\$	1,575,506.37	\$		.578	\$	482.69	\$	54.39
COMM HOSP INPATIENT TOTAL	169	697		1,045,308.46		1499.73	.024		6185.26		36.08
HSC HOSPITALS	13	54		72,212.00		1337.26	.002		5554.77		2.49
NON-HSC HOSPITALS TOTAL	156	643		970,551.10		1509.41	.022		6221.48		33.50
ACCOMMODATIONS	156	643		454,100.23		706.22	.022		2910.90		15.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	156	643		454,100.23		706.22	.022		2910.90		15.68
ANCTILARTES	156	0		516 450 87		0.0	000		3310 58		17 83

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INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

COMM HOSP OUTPATIENT TOTAL	3 <b>,</b> 178	16,048		530,197.91		33.04	.554		166.83		18.30
MEDICAL	1 <b>,</b> 511	2,094		119,604.35		57.12			79.16		4.13
SURGERY	348	447		24,959.22		55.84			71.72		.86
PATHOLOGY	1,256	4 <b>,</b> 578		56 <b>,</b> 715.10		12.39			45.16		1.96
RADIOLOGY		1,641		109,486.28		66.72					3.78
ROOM USE	1,859	2,709		106,940.13			.094		57.53		3.69
CROSSOVERS/ALL OTH OUTPINT	1,445	4,579		112,492.83		24.57	.158		77.85		3.88
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	32	\$	3,358.44	\$	104.95	.001	\$	1679.22	\$	.12
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	32		3,358.44		104.95	.001		1679.22		.12
@REHABILITATION FACILITY	20	184	\$	3,678.88	\$	19.99	.006	\$	183.94	\$	.13
HOSPITAL BASED	20	184		3,678.88		19.99	.006		183.94		.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	967	2,732	\$	41,747.29	\$	15.28	.094	\$	43.17	\$	1.44
PATHOLOGY	967	2,732		41,747.29		15.28	.094		43.17		1.44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,205	8,591	\$	905,278.04	\$	105.38	.297	\$	145.89	\$	31.25
CLINIC	27	100		4,174.02		41.74	.003		154.59		.14
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6 <b>,</b> 180	8,491		901,104.02		106.12	.293		145.81		31.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 2,348
MOP024	FEE-FOR-SERVICE/DE	ENTAL									03/14/05
DEL MODEE COLINEY	CHMMADY OF CEDITO	C EOD MN NOC		M 27 DC TAC OC NC M	E / E C	ET EM E	V 6 T 7 T 7 V				

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

28,969 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	875	8,942 \$	120,196.17	\$ 13.44	.309 \$	137.37	\$ 4.15
DURABLE MED. EQUIP.	22	37	3,212.82	86.83	.001	146.04	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	137	4,620	59,841.71	12.95	.159	436.80	2.07
AMBULANCES/AIR TRANS	134	3,874	40,890.53	10.56	.134	305.15	1.41
OTHER TRANS	2	726	1,041.90	1.44	.025	520.95	.04
OTHER SERVICES	19	20	17,909.28	895.46	.001	942.59	.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	208.74	69.58	.000	208.74	.01
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.002	105.00	.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	234	507	4,492.56	8.86	.018	19.20	.16
PHYSICAL THERAPIST	133	1,093	17,669.50	16.17	.038	132.85	.61

----- MONTHLY AVERAGE -----

0	0		.00		.00	.000		.00		.00
13	21		2,194.19		104.49	.001		168.78		.08
12	20		2,144.24		107.21	.001		178.69		.07
1	1		49.95		49.95	.000		49.95		.00
0	0		.00		.00	.000		.00		.00
22	67		2,707.27		40.41	.002		123.06		.09
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
225	1,846		20,819.92		11.28	.064		92.53		.72
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
61	701		4,114.46		5.87	.024		67.45		.14
43	237	\$	60,739.66	\$	256.29	.008	\$	1412.55	\$	2.10
63	123	\$	4,844.44	\$	39.39	.004	\$	76.90	\$	.17
	0 0 0 0 61	0 0 0 0 0 0 0 0 61 701	0 0 0 0 0 0 0 0 61 701	13       21       2,194.19         12       20       2,144.24         1       1       49.95         0       0       .00         22       67       2,707.27         0       0       .00         0       0       .00         225       1,846       20,819.92         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         61       701       4,114.46         43       237       \$       60,739.66	13 21 2,194.19 12 20 2,144.24 1 1 49.95 0 0 .00 22 67 2,707.27 0 0 0 .00 0 0 .00 225 1,846 20,819.92 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 61 701 4,114.46 43 237 \$ 60,739.66 \$	13       21       2,194.19       104.49         12       20       2,144.24       107.21         1       1       49.95       49.95         0       0       .00       .00         22       67       2,707.27       40.41         0       0       .00       .00         0       0       .00       .00         225       1,846       20,819.92       11.28         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00	13       21       2,194.19       104.49       .001         12       20       2,144.24       107.21       .001         1       1       49.95       49.95       .000         0       0       .00       .00       .000         22       67       2,707.27       40.41       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         225       1,846       20,819.92       11.28       .064         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0       .00       .00       .00	13       21       2,194.19       104.49       .001         12       20       2,144.24       107.21       .001         1       1       49.95       49.95       .000         0       0       .00       .00       .000         22       67       2,707.27       40.41       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         225       1,846       20,819.92       11.28       .064         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0       .00       .00       .00	13       21       2,194.19       104.49       .001       168.78         12       20       2,144.24       107.21       .001       178.69         1       1       49.95       49.95       .000       49.95         0       0       .00       .00       .000       .00         22       67       2,707.27       40.41       .002       123.06         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         225       1,846       20,819.92       11.28       .064       92.53         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0	13       21       2,194.19       104.49       .001       168.78         12       20       2,144.24       107.21       .001       178.69         1       1       49.95       49.95       .000       49.95         0       0       .00       .00       .000       .00         22       67       2,707.27       40.41       .002       123.06         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         225       1,846       20,819.92       11.28       .064       92.53         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,349 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

DEL NORIE COUNTI	SUMMARI OF SER	VICES FOR MIN - NO S	30C	- IOIAL						
						MC			-	
32,562 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	17 <b>,</b> 309	•	\$	5,497,609.68	\$ 55.50	3.042		317.62		168.84
@PHYSICIANS SERVICES	2 <b>,</b> 663		\$	229,660.28	\$	.191	\$	86.24	\$	7.05
OUTPATIENT VISITS	753	948		34,688.89	36.59	.029		46.07		1.07
OFFICE VISITS	632	803		27,603.46	34.38	.025		43.68		.85
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	84	93		4,766.43	51.25	.003		56.74		.15
PREVENTIVE CARE	1	1		34.69	34.69	.000		34.69		.00
OB VISITS/COMPRE PERI	13	20		1,262.06	63.10	.001		97.08		.04
OTHER OUTPATIENT	29	31		1,022.25	32.98	.001		35.25		.03
INPATIENT VISITS	94	399		20,023.24	50.18	.012		213.01		.61
HOSPITAL VISITS	80	330		13,442.47	40.73	.010		168.03		.41
CRITICAL CARE	18	67		6,468.67	96.55	.002		359.37		.20
SNF/ICF/TRANS IP CARE	2	2		112.10	56.05	.000		56.05		.00
OPHTHALMOLOGICAL SERVICES	36	42		1,739.64	41.42	.001		48.32		.05
EXAMINATIONS	36	42		1,739.64	41.42	.001		48.32		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	88	482		42,062.72	87.27	.015		477.99		1.29
PRINCIPAL SURGEON	64	98		34,772.99	354.83	.003		543.33		1.07
ASSISTANT SURGEON	13	13		1,909.09	146.85	.000		146.85		.06
ANESTHESIOLOGIST	23	371		5,380.64	14.50	.011		233.94		.17
OUTPATIENT SURGERY	239	445		52,102.26	117.08	.014		218.00		1.60
PRINCIPAL SURGEON	229	338		49,698.20	147.04	.010		217.02		1.53
ASSISTANT SURGEON	2	2		269.54	134.77	.000		134.77		.01
ANESTHESIOLOGIST	13	105		2,134.52	20.33	.003		164.19		.07
DIALYSIS	3	39		648.18	16.62	.001		216.06		.02
PATHOLOGY	195	312		6,088.64	19.51	.010		31.22		.19
RADIOLOGY	1,067	1,598		39,319.03	24.61	.049		36.85		1.21
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	82	163		1,341.63	8.23	.005		16.36		.04
OTHER SERVICES/ALL X-OVERS	718	1,787		31,646.05	17.71	.055		44.08		.97
@PHARMACY	9,104	41,177	\$	1,969,907.92	\$ 47.84	1.265	\$	216.38	\$	60.50
PRESCRIPTION DRUGS	9,033	26,397		1,942,311.13	73.58	.811		215.02		59.65

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	58	622		37,940.07		61.00	.019	654.14		1.17
OUTPATIENTS	8,980	25 <b>,</b> 775		1,904,371.06		73.88	.792	212.07	5	8.48
MEDICAL SUPPLIES	298	14,780		27,596.79		1.87	.454	92.61		.85
@DENTIST	331	2,319	\$	90,329.65	\$	38.95	.071	\$ 272.90	\$	2.77
VISITS - DIAGNOSTIC	258	1,143		18,794.40		16.44	.035	72.85		.58
ORAL SURGERY	99	485		31,031.25		63.98	.015	313.45		.95
DRUGS	3	3		75.00		25.00	.000	25.00		.00
ANESTHESIA	35	35		3,300.00		94.29	.001	94.29		.10
PERIODONTICS	3	3		228.00		76.00	.000	76.00		.01
ENDODONTICS	38	81		5,990.00		73.95	.002	157.63		.18
RESTORATIVE DENTISTRY	103	424		21,041.00		49.63	.013	204.28		.65
PROSTHETICS	1	1		30.00		30.00	.000	30.00		.00
DENTURES, STAYPLATES	24	38		9,400.00		247.37	.001	391.67		.29
SPACE MAINTAINERS	2	2		200.00		100.00	.000	100.00		.01
MAXILLOFACIAL SERVICES	3	3		100.00		33.33	.000	33.33		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	4	4		140.00		35.00	.000	35.00		.00
ALL OTHER SERVICES	15	97		.00		.00	.003	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPOR	r for jan	2004 THRU D	EC 2004	PAGE	2,350
MOP024	FEE-FOR-SERVICE	L/DENTAL							03	/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	) SOC	- TOTAL						
							MC	NTHLY AVERAG	SE	
32,562 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	COST	PER

							1,1	OIAT	TIITI AARIVA	dE.	
32,562 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	454	1,229	\$	27,710.68	\$	22.55	.038	\$	61.04	\$	.85
DIAGNOSTIC AND ANC. PROCED	316	355		14,223.09		40.07	.011		45.01		.44
EYE APPLIANCES	304	866		13,307.70		15.37	.027		43.78		.41
OTHER OPTOMETRIC SERVICES	8	8		179.89		22.49	.000		22.49		.01
@CHIROPRACTOR	181	303	\$	4,925.29	\$	16.26	.009	\$	27.21	\$	.15
VISITS	175	291		4,769.38		16.39	.009		27.25		.15
OTHER SERVICES	7	12		155.91		12.99	.000		22.27		.00
@PODIATRIST	90	155	\$	2,518.53	\$	16.25	.005	\$	27.98	\$	.08

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	20 1 3 69 20	22 2 6 125 86 \$		30.98 54.07 17.30 13.00 \$ 67.16	.001 .000 .000 .004	34.07 108.14 34.60 23.55 288.78	.02 .00 .00 .05 \$ .18
NURSE ANESTHESIST	182	1,004 \$	18,739.70	\$ 18.67	.031 \$		
NURSE MIDWIFE	69	134 \$		\$ 178.10	.004 \$		\$ .73
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$		\$ .00	.000 \$		
@TOTAL HOSPITAL	3,647	18,139 \$	1,769,179.33	\$ 97.53	.557 \$		
HOSP INPATIENT TOTAL	232	740	1,205,987.10	1629.71	.023	5198.22	37.04
HSC HOSPITALS	15	58	77,036.00	1328.21	.002	5135.73	2.37
NON-HSC HOSPITAL TOTAL	167	682	1,085,308.60	1591.36	.021	6498.85	33.33
ACCOMMODATIONS ADMINISTRATIVE DAYS	167 1	682	486,525.16	713.38 231.30	.021	2913.32 925.20	14.94
TRANSITIONAL IP CARE	0	4 0	925.20 .00	.00	.000	.00	.03
ALL OTHER ACCOM	166	678	485,599.96	716.22	.021	2925.30	14.91
ANCILLARIES	167	0	598,783.44	.00	.000	3585.53	18.39
INPATIENT CROSSOVERS	53	0	43,642.50	.00	.000	823.44	1.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,539	17,399	563,192.23	32.37	.534	159.14	17.30
MEDICAL	1,550	2,183	124,650.19	57.10	.067	80.42	3.83
SURGERY	357	456	25,357.40	55.61	.014	71.03	.78
PATHOLOGY	1,311	4,835	59,948.57	12.40	.148	45.73	1.84
RADIOLOGY	1,177	1,695	112,255.31	66.23	.052	95.37	3.45
ROOM USE	1,896	2,767	100 7/0 00	39.66	.085	57.88	3.37
CROSSOVERS/ALL OTH OUTPTNT	1,737	5,463	131,230.88	24.02	.168	75.55	4.03
@COUNTY HOSPITAL TOTAL	7	16 \$	498.22	\$ 31.14	.000 \$		\$ .02
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	16	498.22	31.14	.000	71.17	.02
MEDICAL	1	1	64.19	64.19	.000	64.19	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.00
CROSSOVERS/ALL OTH OUTPINT	6	14	399.82	28.56	.000	66.64	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	C 2004	PAGE 2,351
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC	- TOTAL				
					MON'		
32,562 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
COMMINITED HOODIEST HORST	2 (10	OR DAYS OF CARE	1 760 601 11	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,640	18,123 \$	1,768,681.11	\$ 97.59	.557 \$		
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	232 15	740 58	1,205,987.10 77,036.00	1629.71 1328.21	.023 .002	5198.22 5135.73	37.04 2.37
NON-HSC HOSPITALS TOTAL	167	682	1,085,308.60	1591.36	.002	6498.85	33.33
ACCOMMODATIONS	167	682	486,525.16	713.38	.021	2913.32	14.94
11000111101111110110	101	002	100,020.10	, ±3.30	• 02 1	2710.02	± 7 • 2 7

ADMINISTRATIVE DAYS	1	4		925.20		231.30	.000		925.20		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	166	678		485,599.96		716.22	.021		2925.30		14.91
ANCILLARIES	167	0		598,783.44		.00	.000		3585.53		18.39
INPATIENT CROSSOVERS	53	0		43,642.50		.00	.000		823.44		1.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,532	17,383		562,694.01		32.37	.534		159.31		17.28
MEDICAL	1,549	2,182		124,586.00		57.10	.067		80.43		3.83
SURGERY	357	456		25,357.40		55.61	.014		71.03		.78
PATHOLOGY	1,311	4,835		59 <b>,</b> 948.57		12.40	.148		45.73		1.84
RADIOLOGY	1,177	1,695		112,255.31		66.23	.052		95.37		3.45
ROOM USE	1,895	2,766		109,715.67		39.67	.085		57.90		3.37
CROSSOVERS/ALL OTH OUTPTNT	•	5,449		130,831.06		24.01	.167		75.58		4.02
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	66	1,199	\$	168,804.88	\$	140.79	.037	\$	2557.65	\$	5.18
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 66	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	1,199	Ċ	168,804.88	\$	140.79	.037	\$	2557.65	ċ	5.18
@INTERMEDIATE CARE FACILDD ICF DDH	0	0	\$	.00	Ą	.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	32	\$	3,358.44	\$	104.95	.001	\$	1679.22	Ċ	.10
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	2	32		3,358.44		104.95	.001		1679.22		.10
@REHABILITATION FACILITY	22	210	\$	4,079.11	\$	19.42		Ś	185.41	Ś	.13
HOSPITAL BASED	22	210	т	4,079.11	Τ	19.42	.006	Τ.	185.41	Τ	.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,034	2,905	\$	43,812.78	\$	15.08	.089	\$	42.37	\$	1.35
PATHOLOGY	1,033	2,900	·	43,806.48	·	15.11	.089		42.41	•	1.35
XO AND OTHERS	1	5		6.30		1.26	.000		6.30		.00
@ORGANIZED OUTPATIENT CLINIC	6,967	9,774	\$	975,824.40	\$	99.84	.300	\$	140.06	\$	29.97
CLINIC	28	103		4,361.79		42.35	.003		155.78		.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,941	9,671		971,462.61		100.45	.297		139.96		29.83
#CALIF DEPT OF HEALTH SERV			JRES M	MONTH-OF-PAYMENT R	REPORT	r for jan 2	2004 THRU	DEC	2004	PA	AGE 2,352
MOP024	FEE-FOR-SERVICE	*									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	C - TOTAL						~-	
22 562 511615156	HCEDC	UNITS OF SERVIC	70	EADENDIMIDEC	70 7 7 7	EDACE COCH			HLY AVERA		
32,562 ELIGIBLES	USERS			EXPENDITURES		ERAGE COST			COST PER USER		COST PER
GALL OWNED DROWINEDS	1 200	OR DAYS OF CAR		150 117 26		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	1,298 36	14,180	\$	159,117.26	\$	11.22 188.12	.435	\$	122.59 360.56	Ş	4.89
DURABLE MED. EQUIP. BLOOD BANK	0	69 0		12,980.03		.00	.002		.00		.40
HEARING AID DISPENSERS	1	1		531.33		531.33	.000		531.33		.02
MEDICAL TRANSPORTATION	171	5 <b>,</b> 951		66,113.93		11.11	.183		386.63		2.03
AMBULANCES/AIR TRANS	148	4,132		43,271.91		10.47	.127		292.38		1.33
OTHER TRANS	16	1,764		2,846.11		1.61	.054		177.88		.09
OTHER SERVICES	26	55		19,995.91		363.56	.002		769.07		.61
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	· ·	Ç		• 0 0							

ADULT DAY HEALTH CARE CTR	1	3	208.74	69.58	.000	208.74	.01
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.001	105.00	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	325	720	6,755.50	9.38	.022	20.79	.21
PHYSICAL THERAPIST	135	1,112	17,947.81	16.14	.034	132.95	.55
PORTABLE X-RAY	1	1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	13	21	2,194.19	104.49	.001	168.78	.07
PROSTHETICS	12	20	2,144.24	107.21	.001	178.69	.07
ORTHOTICS	1	1	49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	74	5,280.55	71.36	.002	182.09	.16
HOSPICE SERVICES	1	15	1,827.45	121.83	.000	1827.45	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	241	2,564	26 <b>,</b> 746.01	10.43	.079	110.98	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	333	3,602	13,596.22	3.77	.111	40.83	.42
@CALIF. CHILDREN SERVICES*	44	238	\$ 63,015.11	\$ 264.77	.007	\$ 1432.16	\$ 1.94
@XOVER EXCLUDING STATE HOSP**	957	7 <b>,</b> 825	\$ 116,513.07	\$ 14.89	.240	\$ 121.75	\$ 3.58

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,353
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

						THLY AVERA	~-
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	119	506 \$	49,921.63	\$ 98.66	5.560 \$		\$ 548.59
@PHYSICIANS SERVICES	2.8	85 \$	1,606.46	\$ 18.90	.934 \$	57.37	\$ 17.65
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	28	85	1,606.46	18.90	.934	57.37	17.65
@PHARMACY	64	257 \$	32,438.20	\$ 126.22	2.824	\$ 506.85	\$ 356.46
PRESCRIPTION DRUGS	62	252	32,360.65	128.42	2.769	521.95	355.61
SNF/ICF	1	8	325.75	40.72	.088	325.75	3.58
OUTPATIENTS	61	244	32,034.90	131.29	2.681	525.16	352.03
MEDICAL SUPPLIES	3	5	77.55	15.51	.055	25.85	.85
@DENTIST	2	29 \$	1,199.00	\$ 41.34	.319	\$ 599.50	\$ 13.18
VISITS - DIAGNOSTIC	2	7	70.00	10.00	.077	35.00	.77
ORAL SURGERY	1	20	1,074.00	53.70	.220	1074.00	11.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.011	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.011	55.00	.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,354
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05

							M	ГИО	HLY AVERA	.GE	
91 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	3	\$	53.11	\$	17.70	.033	\$	53.11	\$	.58
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		53.11		17.70	.033		53.11		.58
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	2	\$	6.48	\$	3.24	.022	\$	3.24	\$	.07
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		6.48		3.24	.022		3.24		.07
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	1	1	\$	15.66	\$	15.66	.011	\$	15.66	\$	.17
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	17	27	\$	6,238.63	\$	231.06	.297	\$	366.98	\$	68.56
HOSP INPATIENT TOTAL	8	1		5 <b>,</b> 276.79		5276.79	.011		659.60		57.99
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		560.30		560.30	.011		560.30		6.16
ACCOMMODATIONS	1	1		127.33		127.33	.011		127.33		1.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		127.33		127.33	.011		127.33		1.40
ANCILLARIES	1	0		432.97		.00	.000		432.97		4.76

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

DEL NORTE COUNTY

INPATIENT CROSSOVERS	7	0		4,716.49	.00	.000	673.78		51.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	12	26		961.84	36.99	.286	80.15		10.57
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	12	26		961.84	36.99	.286	80.15		10.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	EC 2004	P.F	AGE 2,355
MOP024	FEE-FOR-SERVICE/D								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR MN - S	OC -	AGED	AID CODE 17				
						MON		-	
91 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	r UNITS/DAYS	COST PER		COST PER

		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	27	\$	6,238.63	\$	231.06	.297		366.98		68.56
COMM HOSP INPATIENT TOTAL	8	1		5 <b>,</b> 276.79		5276.79	.011		659.60		57.99
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	1		560.30		560.30	.011		560.30		6.16
ACCOMMODATIONS	1	1		127.33		127.33	.011		127.33		1.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		127.33		127.33	.011		127.33		1.40
ANCILLARIES	_ 1	0		432.97		.00	.000		432.97		4.76
INPATIENT CROSSOVERS	7	0		4,716.49		.00	.000		673.78		51.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	12	2.6		961.84		36.99	.286		80.15		10.57
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	12	26		961.84		36.99	.286		80.15		10.57
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	34	\$	7,144.54	\$	210.13		\$	1428.91	Ś	78.51
LEV A-INTERMEDIATE	0	0	Ψ.	.00	٧	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	34		7,144.54		210.13	.374		1428.91		78.51
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	Ś	.00
ICF DDH	0	0	Τ.	.00	т	.00	.000	т	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	7	.00	.000	-1	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	4	.00	7	.00	.000	-1	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	16	\$	789.77	\$	49.36		\$	71.80	\$	8.68
CLINIC	0	0		.00		.00	.000	•	.00	·	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	16		789.77							8.68
			RES	MONTH-OF-PAYMENT R							
MOP024	FEE-FOR-SERVICE/	DENTAI.									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - SC	)C -	- AGED	A	ID CODE 17	1Y				
							M	ONT	HLY AVERA	GE.	
91 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI						
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	16	52							26.86		
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	126.98	12.70	.110	31.75	1.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	42	302.80	7.21	.462	25.23	3.33
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	52	144 \$	11,440.62	\$ 79.45	1.582	\$ 220.01	\$ 125.72

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,357
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

DEE NORTE COORT	DOLINAIVI OL DEIVA	LCED FOR PIN DOC	מאדוום	AID CODE	2 /		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY										
	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	· · · · · · · · · · · · · · · · · · ·	\$ .00	s	.00	.000	\$	.00	Ś	.00
	0	0	·	۲			Ÿ		Ą	
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000				.00
OUTPATIENTS	U	•	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	Ü		\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	O	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURE	S MONTH-OF-PAYMENT R	EPORT			DEC 2004		PZ	GE 2,358
MOP024	FEE-FOR-SERVICE			(DI OI(I	. 1010 01110 2	2001 111110	2001			03/14/05
DEL NORTE COUNTY		ICES FOR MN - SOC	- BI.TND		AID CODE	27				03/11/03
DEE NORTH COOKIT	BOINING OF BEILV	TODO TOR THE BOO	BHIND		MID CODE	M	A VIHTIC	VLD V	GE -	
						1.1	JIV I I I I I I I I I I I I I I I I I I			
OO FLICTBIES	IIGERG	INTTS OF SERVICE	FYDFNDTTIIRFC	Z 7.7 E	PACE COST	IINITTS / DAV	COST			OCT DEB
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		RAGE COST			PER	C	OST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG	USE	PER ER	E	LIGIBLE
@OPTOMETRIST	0	OR DAYS OF CARE 0	\$ .00		R UNIT/DAY	PER ELIG	USE	PER ER .00	C	LIGIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0	OR DAYS OF CARE 0 0	\$ .00	PER	R UNIT/DAY .00 .00	PER ELIG .000 .000	USE	PER ER .00	E	LIGIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0	OR DAYS OF CARE 0 0 0	\$ .00 .00 .00	PER	.00 .00 .00	PER ELIG .000 .000	USE	PER .00 .00	E	.00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	OR DAYS OF CARE 0 0 0 0	\$ .00 .00 .00	PEF \$	.00 .00 .00 .00	PER ELIG .000 .000 .000	USE \$	PER .00 .00 .00 .00	( E \$	LIGIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0	OR DAYS OF CARE 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00	PER	.00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000	USE	PER .00 .00 .00 .00 .00	E	.00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 \$ .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000	USE \$	PER .00 .00 .00 .00 .00 .00	( E \$	.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 \$ .00 .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000 .000	USE \$	PER .00 .00 .00 .00 .00 .00 .00	\$ \$	.00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 \$ .00 .00 .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$	PER 3R .00 .00 .00 .00 .00 .00 .00 .00	( E \$	LIGIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 \$ .00 .00 .00 \$ .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$	PER ER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$	PER ER . 00 . 00 . 00 . 00 . 00 . 00 . 00	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$	PER CR	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$	PER CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00 .00 .00	PEF \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$ \$	PER CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00	PEF \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$	PER GR	\$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$ \$	PER IR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S S S S S S S S S S S S S S S S S S S	PER IR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$\$	LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S S S S S S S S S S S S S S S S S S S	PER IR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		LIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$ \$ \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$ \$ \$ \$ \$ \$	PER IR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	S S S S S S S S S S S S S S S S S S S	LIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER		OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$ \$ \$ \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$ \$ \$ \$ \$ \$	PER IR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	S S S S S S S S S S S S S S S S S S S	LIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL		OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 \$ .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PEF \$ \$ \$ \$ \$ \$ \$ \$	R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	USE \$ \$ \$ \$ \$ \$ \$	PER IR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	S S S S S S S S S S S S S S S S S S S	LIGIBLE

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	S	.00 \$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF	-PAYMENT REPOR	r for jan 20	004 THRU DEC	2004		2 <b>,</b> 359
	FEE-FOR-SERVICE/DENTAL							03	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	- BLIND		AID CODE 2				
					-	MONT	HLY AVERAC	SE	

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	-OF-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC	2004	PAGE	2,360
MOP024	FEE-FOR-SERVICE/DENTAL									0	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - S	OC - BLINE	)		AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,361 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

						MOI	NTHLY AVERA	GE
68 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	110	791	\$	97,274.64	\$ 122.98	11.632	\$ 884.31	\$ 1430.51
@PHYSICIANS SERVICES	34	93	\$	4,186.69	\$ 45.02	1.368	\$ 123.14	\$ 61.57
OUTPATIENT VISITS	11	14		627.74	44.84	.206	57.07	9.23
OFFICE VISITS	7	9		304.20	33.80	.132	43.46	4.47
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4		277.78	69.45	.059	92.59	4.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		45.76	45.76	.015	45.76	.67
INPATIENT VISITS	1	1		80.10	80.10	.015	80.10	1.18
HOSPITAL VISITS	1	1		80.10	80.10	.015	80.10	1.18
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	10	1,441.65	144.17	.147	720.83	21.20
PRINCIPAL SURGEON	1	1	1,019.56	1019.56	.015	1019.56	14.99
ASSISTANT SURGEON	1	1	208.86	208.86	.015	208.86	3.07
ANESTHESIOLOGIST	1	8	213.23	26.65	.118	213.23	3.14
OUTPATIENT SURGERY	3	4	374.25	93.56	.059	124.75	5.50
PRINCIPAL SURGEON	3	4	374.25	93.56	.059	124.75	5.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	244.14	16.28	.221	40.69	3.59
RADIOLOGY	10	21	272.16	12.96	.309	27.22	4.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	6.55	6.55	.015	6.55	.10
OTHER SERVICES/ALL X-OVERS	13	27	1,140.10	42.23	.397	87.70	16.77
@PHARMACY	57	341	\$ 50,371.84	\$ 147.72	5.015	\$ 883.72	\$ 740.76
PRESCRIPTION DRUGS	56	340	50,302.31	147.95	5.000	898.26	739.74
SNF/ICF	2	25	641.56	25.66	.368	320.78	9.43
OUTPATIENTS	54	315	49,660.75	157.65	4.632	919.64	730.31
MEDICAL SUPPLIES	1	1	69.53	69.53	.015	69.53	1.02
@DENTIST	3 2		1,320.00		.485	•	•
VISITS - DIAGNOSTIC	2	9	56.00	6.22	.132	28.00	.82
ORAL SURGERY	2	20	884.00	44.20	.294	442.00	13.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	100.00	50.00	.029	50.00	1.47
PERIODONTICS	-	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	280.00	140.00	.029	280.00	4.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT E	REPORT FOR JAN	1 2004 THRU I	DEC 2004	PAGE 2,362
MOP024	FEE-FOR-SERVICE/						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC	- DISABLED AID	CODES 65 67 6			
						ONTHLY AVERA	
68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
_	_	OR DAYS OF CARE		PER UNIT/DA	AY PER ELIG	USER	ELIGIBLE

					IM	DIA 1	TUTI AAFVA	GE	
USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
	OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
2	4	\$ 100.56	\$	25.14	.059	\$	50.28	\$	1.48
0	0	.00		.00	.000		.00		.00
1	3	53.11		17.70	.044		53.11		.78
1	1	47.45		47.45	.015		47.45		.70
2	3	\$ 50.16	\$	16.72	.044	\$	25.08	\$	.74
2	3	50.16		16.72	.044		25.08		.74
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
1	5	\$ 73.94	\$	14.79	.074	\$	73.94	\$	1.09
	USERS  2 0 1 1 2 2 0 0 0 0 0 0 1 1 1 1 1 1 1		OR DAYS OF CARE  2	OR DAYS OF CARE  2	OR DAYS OF CARE  2	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS           2         4         \$         100.56         \$         25.14         .059           0         0         .00         .00         .00         .000           1         3         53.11         17.70         .044           1         1         47.45         47.45         .015           2         3         \$         50.16         \$         16.72         .044           2         3         \$         50.16         \$         16.72         .044           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .00         .000 </td <td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER ELIG           2         4         \$         100.56         \$         25.14         .059         \$           0         0         .00         .00         .00         .000         .000           1         3         53.11         17.70         .044         .015</td> <td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS         COST PER USER           2         4         \$         100.56         \$         25.14         .059         \$         50.28           0         0         .00         .00         .000         .000         .00           1         3         53.11         17.70         .044         53.11           1         1         47.45         47.45         .015         47.45           2         3         \$         50.16         \$         16.72         .044         25.08           2         3         50.16         16.72         .044         25.08           0         0         .00         .00         .00         .00           0         0         \$         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00<td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2         4         \$         100.56         \$         25.14         .059         \$         50.28         \$           0         0         .00         .00         .00         .000         .000         .000           1         3         53.11         17.70         .044         53.11         53.11         53.11         17.70         .044         53.11         53.11         17.70         .044         53.11         53.11         16.72         .044         53.11         53.11         16.72         .044         25.08         50.08         50.16         16.72         .044         25.08         50.00         50.00         .000         .000         .000         .000         .000         .000         .000         .000         .000         \$         .000         \$         .000         \$         .000         .</td></td>	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER ELIG           2         4         \$         100.56         \$         25.14         .059         \$           0         0         .00         .00         .00         .000         .000           1         3         53.11         17.70         .044         .015	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS         COST PER USER           2         4         \$         100.56         \$         25.14         .059         \$         50.28           0         0         .00         .00         .000         .000         .00           1         3         53.11         17.70         .044         53.11           1         1         47.45         47.45         .015         47.45           2         3         \$         50.16         \$         16.72         .044         25.08           2         3         50.16         16.72         .044         25.08           0         0         .00         .00         .00         .00           0         0         \$         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00 <td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2         4         \$         100.56         \$         25.14         .059         \$         50.28         \$           0         0         .00         .00         .00         .000         .000         .000           1         3         53.11         17.70         .044         53.11         53.11         53.11         17.70         .044         53.11         53.11         17.70         .044         53.11         53.11         16.72         .044         53.11         53.11         16.72         .044         25.08         50.08         50.16         16.72         .044         25.08         50.00         50.00         .000         .000         .000         .000         .000         .000         .000         .000         .000         \$         .000         \$         .000         \$         .000         .</td>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2         4         \$         100.56         \$         25.14         .059         \$         50.28         \$           0         0         .00         .00         .00         .000         .000         .000           1         3         53.11         17.70         .044         53.11         53.11         53.11         17.70         .044         53.11         53.11         17.70         .044         53.11         53.11         16.72         .044         53.11         53.11         16.72         .044         25.08         50.08         50.16         16.72         .044         25.08         50.00         50.00         .000         .000         .000         .000         .000         .000         .000         .000         .000         \$         .000         \$         .000         \$         .000         .

DEDIADOR NUDRE DOSCUTUTONED	0	0	Ċ	.00	Ċ	.00	000	.00	Ċ	.00
PEDIATRIC NURSE PRACTITIONER	U	0	۶	.00	\$	.00	.000 \$			.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00			.000 \$			.00
@TOTAL HOSPITAL	21	129	\$	26,332.81	\$			1253.94	\$	387.25
HOSP INPATIENT TOTAL	5	6		23,186.14		3864.36	.088	4637.23		340.97
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	4	6		22,310.14		3718.36	.088	5577.54		328.09
ACCOMMODATIONS	4	6		4,744.60		790.77	.088	1186.15		69.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	6 0 0 6		.00		. 00	.000	.00		.00
ALL OTHER ACCOM	4	6		4,744.60		790.77		1186.15		69.77
ANCILLARIES	1	0		17,565.54		.00		4391.39		258.32
INPATIENT CROSSOVERS	1	0		876.00		.00		876.00		12.88
ALL OTHER INPATIENT	0	0		.00		.00		.00		.00
	1.0	100								
HOSP OUTPATIENT TOTAL	18	123		3,146.67		25.58 48.53	1.809	174.82		46.27
MEDICAL	8	28		1,358.87			.412	169.86		19.98
SURGERY	21 5 0 4 4 0 0 0 4 4 1 0 18 8	1		.00		.00	.015	.00		.00
PATHOLOGY	O	40		502.95		11.18	.662	62.87		7.40
RADIOLOGY	11	20		564.76		28.24	.294	51.34		8.31
ROOM USE	9	11		506.51		46.05	.162	56.28		7.45
CROSSOVERS/ALL OTH OUTPTNT	9	18		213.58		11.87	.265	23.73		3.14
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	Ō		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Û	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000			.00
ANCILLARIES	0	0		.00		.00	.000			.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00				.00
	0	0					.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		
MEDICAL	U	0		.00		.00	.000	.00		.00
SURGERY	U	0		.00		.00				.00
PATHOLOGY	O	0		.00		.00		.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES N	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2004 THRU DE	C 2004	PI	AGE 2,363
MOP024	FEE-FOR-SERVICE/DENTA	.L								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MN - SO	C -	DISABLED AID	CODE	S 65 67 6W	6Y			
							MON	ITHLY AVERA	GE -	
68 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR D	AYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	129		26,332.81	Ś	204.13	1.897	1253.94		
COMM HOSP INPATIENT TOTAL	5	6	т.	23,186.14	4	3864.36	.088	4637.23	7	340.97
HSC HOSPITALS	0	0		.00						
NON-HSC HOSPITALS TOTAL	4	6		22,310.14		3718.36	.088	5577.54		328.09
ACCOMMODATIONS	4	6		4,744.60		790.77	.088	1186.15		69.77
	0	0								
ADMINISTRATIVE DAYS	0	•		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	4	6		4,744.60		790.77	.088	1186.15		69.77
ANCILLARIES	4	0		17,565.54		.00	.000	4391.39		258.32
INPATIENT CROSSOVERS	1	0		876.00		.00	.000	876.00		12.88
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

0 \$ .00 \$ .00 \$ .00 \$ .00

0

NURSE MIDWIFE

COMM HOSP OUTPATIENT TOTAL	18	123		3,146.67		25.58	1.809		174.82		46.27
MEDICAL	8	28		1,358.87		48.53	.412		169.86		19.98
SURGERY	1	1		.00		.00	.015		.00		.00
PATHOLOGY	8	45		502.95		11.18	.662		62.87		7.40
RADIOLOGY	11	20		564.76		28.24	.294		51.34		8.31
ROOM USE	9	11		506.51		46.05	.162		56.28		7.45
CROSSOVERS/ALL OTH OUTPINT	9	18		213.58		11.87	.265		23.73		3.14
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	·	.00	.000	•	.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	61	\$	7,846.20	\$	128.63	.897	\$	3923.10	\$	115.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	61		7,846.20		128.63	.897		3923.10		115.39
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	32	\$	276.41	\$	8.64	.471	\$	46.07	\$	4.06
PATHOLOGY	6	32		276.41		8.64	.471		46.07		4.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	33	58	\$	5,268.14	\$	90.83	.853	\$	159.64	\$	77.47
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	58		5,268.14		90.83	.853		159.64		77.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES	MONTH-OF-PAYMENT F	REPOR!	FOR JAN 200	4 THRU	DEC	2004	PF	AGE 2,364
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MN - S	SOC -	- DISABLED AID	CODES	65 67 6W 6Y					
							M	TNOI	HLY AVERA	GE -	

					PIOIN	TILL AVENA	بترح
68 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	32 \$	1,447.89	\$ 45.25	.471 \$	120.66	\$ 21.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	13	294.30	22.64	.191	98.10	4.33
AMBULANCES/AIR TRANS	3	13	294.30	22.64	.191	98.10	4.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	92.66	11.58	.118	30.89	1.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		577.91	!	577.91	.015	577.91	8.50
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	5	10		483.02		48.30	.147	96.60	7.10
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	11	18	\$	2,420.38	\$ 1	134.47	.265	\$ 220.03	\$ 35.59
O+ MOMATO TAL MURCH TIMES AND STUDA	30 3 00030300	- ATE O D A A TE O A TE	T T T T T T T T T T T T T T T T T T T	T 11					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,365
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE -----34 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 64 558 \$ 108,769.63 \$ 194.93 16.412 \$ 1699.53 \$ 3199.11 @PHYSICIANS SERVICES 18 61 Ś 3,012.85 \$ 49.39 1.794 \$ 167.38 \$ 88.61 OUTPATIENT VISITS 4 270.20 38.60 .206 67.55 7.95 26.70 66.75 OFFICE VISITS 133.50 .147 3.93 0 0 .00 .00 .000 .00 HOME VISITS .00 68.35 .00 .00 2 2 136.70 EMERGENCY ROOM .059 68.35 4.02 0 .00 .00 PREVENTIVE CARE .000 .00 Ω 0 .00 .00 .00 OB VISITS/COMPRE PERI .000

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	6		270.18		45.03	.176		67.55		7.95
HOSPITAL VISITS	4	6		270.18		45.03	.176		67.55		7.95
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	15		501.98		33.47	.441		167.33		14.76
PRINCIPAL SURGEON	2	4		389.44		97.36	.118		194.72		11.45
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	11		112.54		10.23	.324		112.54		3.31
OUTPATIENT SURGERY	2	4		749.12		187.28	.118		374.56		22.03
PRINCIPAL SURGEON	2	4		749.12		187.28	.118		374.56		22.03
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	8	23		867.75		37.73	.676		108.47		25.52
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	6		353.62		58.94	.176		117.87		10.40
@PHARMACY	19	54	\$	3,314.42	\$	61.38	1.588	\$	174.44	\$	97.48
PRESCRIPTION DRUGS	19	54		3,314.42		61.38	1.588		174.44		97.48
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	19	54		3,314.42		61.38	1.588		174.44		97.48
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPORI	r for Jan	2004 THRU	DEC	2004	P.	AGE 2,366
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - S	oc -	FAMILIES AID CODE	5R 6	6R 37					

----- MONTHLY AVERAGE -----34 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 4 90.30 \$ 22.58 .118 \$ 90.30 \$ 2.66 1 1 47.45 47.45 .029 47.45 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 42.85 14.28 .088 42.85 1.26 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$ .00 .00 \$ .00 @CHIROPRACTOR .000 \$ VISITS 0 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	1	4 \$	82.87	\$ 20.72	.118 \$		\$ 2.44
	0	0 \$	.00		.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$		·			
PEDIATRIC NURSE PRACTITIONER	0		.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	•	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	28	200 \$	96,548.49	\$ 482.74	5.882 \$		\$ 2839.66
HOSP INPATIENT TOTAL	4	18	89 <b>,</b> 653.31	4980.74	.529	22413.33	2636.86
HSC HOSPITALS	1	1	1,560.00	1560.00	.029	1560.00	45.88
NON-HSC HOSPITAL TOTAL	3	17	88,093.31	5181.96	.500	29364.44	2590.98
ACCOMMODATIONS	3	17	13,471.22	792.42	.500	4490.41	396.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	17	13,471.22	792.42	.500	4490.41	396.21
ANCILLARIES	3	0	74,622.09	.00	.000	24874.03	2194.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	182	6,895.18	37.89	5.353	287.30	202.80
MEDICAL	14	32	2,146.31	67.07	.941	153.31	63.13
SURGERY	3	4	141.81	35.45	.118	47.27	4.17
PATHOLOGY	15	56	479.80	8.57	1.647	31.99	14.11
RADIOLOGY	9	27	2,955.08	109.45	.794	328.34	86.91
ROOM USE	13	26	674.43	25.94	.765	51.88	19.84
CROSSOVERS/ALL OTH OUTPTNT	12	37	497.75	13.45	1.088	41.48	14.64
@COUNTY HOSPITAL TOTAL	0		.00	\$ .00	.000 \$		
	0	•					•
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 2,367
MOP024	FEE-FOR-SERVICE						03/14/05
DEL NORTE COUNTY		ICES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37			
					MON	THLY AVERA	GE
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	· -	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	200 \$	96,548.49	\$ 482.74			\$ 2839.66
COMM HOSP INPATIENT TOTAL	4	18	89,653.31	4980.74	.529	22413.33	2636.86
HSC HOSPITALS	1	1	1,560.00	1560.00	.029	1560.00	45.88
NON-HSC HOSPITALS TOTAL	3	17	88,093.31	5181.96	.500	29364.44	2590.98
ACCOMMODATIONS	3	17	13,471.22	792.42	.500	4490.41	396.21
VCCOLILIODY I TONO	J	Ι /	10,4/1.22	172.72	. 500	1170.4T	JJU•ZI

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	17		13,471.22		792.42	.500		4490.41		396.21
ANCILLARIES	3	0		74,622.09		.00	.000		24874.03		2194.77
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	24	182		6,895.18		37.89	5.353		287.30		202.80
MEDICAL	14	32		2,146.31		67.07	.941		153.31		63.13
SURGERY	3	4		141.81		35.45	.118		47.27		4.17
PATHOLOGY	15	56		479.80		8.57	1.647		31.99		14.11
RADIOLOGY	9	27		2,955.08		109.45	.794		328.34		86.91
ROOM USE	13	26		674.43		25.94	.765		51.88		19.84
CROSSOVERS/ALL OTH OUTPTNT	12	37		497.75		13.45	1.088		41.48		14.64
@STATE HOSPITAL	0	0	\$	.00	Ś	.00		\$	.00	Ś	.00
MENTALLY ILL	0	0	7	.00	-	.00	.000	7	.00	т.	.00
DEVELOP. DISABLED	0	Ö		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś		Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	Τ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTIE BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	ċ	.00	Ś	.00
ICF DDH	0	0	ې	.00	ې	.00	.000	Ą	.00	ې	.00
ICF DDH ICF DD	0	0									.00
	0	-		.00		.00	.000		.00		
ICF DDN/DDCN	U	0	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	5.08	\$	5.08	.029	\$	5.08	\$	.15
PATHOLOGY	1	1		5.08		5.08	.029		5.08		.15
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	23	\$	2,280.71	\$	99.16	.676	\$	142.54	\$	67.08
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16	23		2,280.71		99.16	.676		142.54		67.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT R	REPORT	FOR JAN 200	4 THRU	DEC	2004	P.	AGE 2,368
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE ------

							O-
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
6	211	\$	3,434.91	\$ 16.28	6.206	572.49	\$ 101.03
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
4	183		3,053.62	16.69	5.382	763.41	89.81
4	182		1,778.62	9.77	5.353	444.66	52.31
0	0		.00	.00	.000	.00	.00
1	1		1,275.00	1275.00	.029	1275.00	37.50
0	0		.00	.00	.000	.00	.00
	USERS 6 0 0 4 4 0 1	OR DAYS OF CARE 6 211 0 0 0 0 0 0 4 183	OR DAYS OF CARE 6 211 \$ 0 0 0 0 0 0 4 183	OR DAYS OF CARE  6 211 \$ 3,434.91 0 0 .00 0 0 .00 0 0 .00 4 183 3,053.62 4 182 1,778.62 0 0 .00 1 1 1 1,275.00	OR DAYS OF CARE  6 211 \$ 3,434.91 \$ 16.28 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 4 183 3,053.62 16.69 4 182 1,778.62 9.77 0 0 0 .00 1 1 1 1,275.00 1275.00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE  6 211 \$ 3,434.91 \$ 16.28 6.206 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           6         211         \$ 3,434.91         \$ 16.28         6.206         \$ 572.49           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           4         183         3,053.62         16.69         5.382         763.41           4         182         1,778.62         9.77         5.353         444.66           0         0         .00         .00         .00         .00           1         1         1,275.00         1275.00         .029         1275.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.059	16.64	.49
PHYSICAL THERAPIST	1	26	364.65	14.03	.765	364.65	10.73
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	94	\$ 6,034.78	\$ 64.20	2.765	\$ 3017.39	\$ 177.49
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,369 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

					MON	THLY AVERA	.GE
193 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	293	1,855 \$	255,965.90	\$ 137.99	9.611 \$	873.60	\$ 1326.25
@PHYSICIANS SERVICES	80	239 \$	8,806.00	\$ 36.85	1.238 \$	110.08	\$ 45.63
OUTPATIENT VISITS	15	21	897.94	42.76	.109	59.86	4.65
OFFICE VISITS	9	14	437.70	31.26	.073	48.63	2.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	414.48	69.08	.031	82.90	2.15
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.005	45.76	.24
INPATIENT VISITS	5	7	350.28	50.04	.036	70.06	1.81
HOSPITAL VISITS	5	7	350.28	50.04	.036	70.06	1.81
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	25	1,943.63	77.75	.130	388.73	10.07
PRINCIPAL SURGEON	3	5	1,409.00	281.80	.026	469.67	7.30
ASSISTANT SURGEON	1	1	208.86	208.86	.005	208.86	1.08
ANESTHESIOLOGIST	2	19	325.77	17.15	.098	162.89	1.69
OUTPATIENT SURGERY	5	8	1,123.37	140.42	.041	224.67	5.82
PRINCIPAL SURGEON	5	8	1,123.37	140.42	.041	224.67	5.82
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	15	244.14	16.28	.078	40.69	1.26

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	18	44	1,139.91	25.91	.228	63.33	5.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	6.55	6.55	.005	6.55	.03
OTHER SERVICES/ALL X-OVERS	44	118	3,100.18	26.27	.611	70.46	16.06
@PHARMACY	140	652 \$	86,124.46	\$ 132.09	3.378 \$	615.17	\$ 446.24
PRESCRIPTION DRUGS	137	646	85 <b>,</b> 977.38	133.09	3.347	627.57	445.48
SNF/ICF	3	33	967.31	29.31	.171	322.44	5.01
OUTPATIENTS	134	613	85 <b>,</b> 010.07	138.68	3.176	634.40	440.47
MEDICAL SUPPLIES	4	6	147.08	24.51	.031	36.77	.76
@DENTIST	5	62 \$	2,519.00	\$ 40.63	.321 \$	503.80	\$ 13.05
VISITS - DIAGNOSTIC	4	16	126.00	7.88	.083	31.50	.65
ORAL SURGERY	3	40	1,958.00	48.95	.207	652.67	10.15
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	100.00	33.33	.016	33.33	.52
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.005	55.00	.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	280.00	140.00	.010	280.00	1.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		IONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 2,370
MOP024	FEE-FOR-SERVICE/DE						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR MN - SOC -	TOTAL				
					MON'		
193 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST							
DIAGNOSTIC AND ANC. PROCED	4	11 \$	243.97 47.45	\$ 22.18 47.45	.057 \$ .005	60.99 47.45	\$ 1.26 .25

EYE APPLIANCES	3	9		149.07		16.56	.047	49.69		.77
OTHER OPTOMETRIC SERVICES	1	1		47.45		47.45	.005	47.45		.25
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.016	\$ 25.08	\$	.26
VISITS	2	3	•	50.16	•	16.72	.016	25.08		.26
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	2	2	\$	6.48	\$	3.24	.010		Ċ	.03
•	0		۲		Ą				۲	
MEDICINE/INJECTIONS	U	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	2	2		6.48		3.24	.010	3.24		.03
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	3	10	\$	172.47	\$	17.25	.052	\$ 57.49	\$	.89
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00	.000	\$ .00	\$	.00
	0	0	\$							.00
FAMILY NURSE PRACTITIONER	•			.00	\$	.00	.000	\$ .00		
@TOTAL HOSPITAL	66	356	\$	129,119.93	Ş	362.70	1.845	\$ 1956.36	\$	669.02
HOSP INPATIENT TOTAL	17	25		118,116.24		4724.65	.130	6948.01		612.00
HSC HOSPITALS	1	1		1,560.00		1560.00	.005	1560.00		8.08
NON-HSC HOSPITAL TOTAL	8	24		110,963.75		4623.49	.124	13870.47		574.94
ACCOMMODATIONS	8	24		18,343.15		764.30	.124	2292.89		95.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	24		18,343.15		764.30	.124	2292.89		95.04
ALL OTHER ACCOM	0									
ANCILLARIES	8	0		92,620.60		.00	.000	11577.58		479.90
INPATIENT CROSSOVERS	8	0		5 <b>,</b> 592.49		.00	.000	699.06		28.98
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	54	331		11,003.69		33.24	1.715	203.77		57.01
MEDICAL	22	60		3,505.18		58.42	.311	159.33		18.16
SURGERY	4	5		141.81		28.36	.026	35.45		.73
PATHOLOGY	23	101		982.75		9.73	.523	42.73		5.09
RADIOLOGY	20	47		3,519.84		74.89	.244	175.99		18.24
	22			-				53.68		6.12
ROOM USE		37		1,180.94		31.92	.192			
CROSSOVERS/ALL OTH OUTPTNT	33	81		1,673.17	_	20.66	.420	50.70	_	8.67
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	Ō		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ô		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
	0	0								
ANCILLARIES	-	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	n	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0								
CROSSOVERS/ALL OTH OUTPTNT	0	ŭ	DO 322	.00	100-	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MO	JNTH-OF-PAYMENT RE	POR'	T FOR JAN	∠UU4 THRU	DEC 2004	PΙ	AGE 2,371
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MN - SO	C - 1	FOTAL						
							N	MULLA VILLA	CF.	

		OR DAYS OF CAR	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	66	356	\$	129,119.93	\$	362.70	_		1956.36		669.02
COMM HOSP INPATIENT TOTAL	17	25		118,116.24		4724.65	.130		6948.01		612.00
HSC HOSPITALS	1	1		1,560.00		1560.00	.005		1560.00		8.08
NON-HSC HOSPITALS TOTAL	8	24		110,963.75		4623.49	.124		13870.47		574.94
ACCOMMODATIONS	8	24		18,343.15		764.30	.124		2292.89		95.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	24		18,343.15		764.30	.124		2292.89		95.04
ANCILLARIES	8	0		92,620.60		.00	.000		11577.58		479.90
INPATIENT CROSSOVERS	8	0		5,592.49		.00	.000		699.06		28.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	54	331		11,003.69		33.24	1.715		203.77		57.01
MEDICAL	22	60		3,505.18		58.42	.311		159.33		18.16
SURGERY	4	5		141.81		28.36	.026		35.45		.73
PATHOLOGY	23	101		982.75		9.73	.523		42.73		5.09
RADIOLOGY	20	47		3,519.84		74.89	.244		175.99		18.24
ROOM USE	22	37		1,180.94		31.92	.192		53.68		6.12
CROSSOVERS/ALL OTH OUTPTNT	33	81		1,673.17		20.66	.420		50.70		8.67
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	95	\$	14,990.74	\$	157.80		\$	2141.53	Ś	77.67
LEV A-INTERMEDIATE	Ó	0	۲	.00	۲	.00	.000	۲	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	95		14,990.74		157.80	.492		2141.53		77.67
@INTERMEDIATE CARE FACILDD	0	0	\$		\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т	.00	т	.00	.000	т	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	4	.00	.000	7	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	\$	.00
HOSPITAL BASED	0	0	7	.00	4	.00	.000	7	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	33	\$	281.49	\$	8.53	.171	Ś	40.21	Ś	1.46
PATHOLOGY	7	33		281.49	'	8.53	.171		40.21		1.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	60	97	\$	8,338.62	\$	85.97	.503	\$	138.98	\$	43.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	60	97		8,338.62			.503				43.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES								PAGE 2,372
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	ICES FOR MN - SO	OC -	TOTAL							
							M				
193 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	€		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	34	295	\$	5,312.58	\$	18.01	1.528	\$		\$	27.53
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	196	3,347.92	17.08	1.016	478.27	17.35
AMBULANCES/AIR TRANS	7	195	2,072.92	10.63	1.010	296.13	10.74
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.005	1275.00	6.61
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	20	236.28	11.81	.104	29.54	1.22
PHYSICAL THERAPIST	1	26	364.65	14.03	.135	364.65	1.89
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	577.91	577.91	.005	577.91	2.99
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	52	785.82	15.11	.269	46.22	4.07
@CALIF. CHILDREN SERVICES*	2	94	\$ 6,034.78	\$ 64.20	.487		\$ 31.27
@XOVER EXCLUDING STATE HOSP**	63	162	\$ 13,861.00	\$ 85.56	.839	\$ 220.02	\$ 71.82
00			 				

 $<sup>\</sup>ensuremath{\emptyset^{\star}}$  Totals in these lines are given as a separate information item only;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,373
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

DEE NORTE COONTI	DOMINANT OF DEIN	ATCHO LOW HIM HOMO	IDIN'I CAIND AGD	D	AID CODE	13		
						MO	NTHLY AVERA	GE
574 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITUR	ES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	545	15 <b>,</b> 547 \$	1,447,038.	19 \$	93.08	27.085	\$ 2655.12	\$ 2520.97
@PHYSICIANS SERVICES	64	133 \$	2,475.	27 \$	18.61	.232	\$ 38.68	\$ 4.31
OUTPATIENT VISITS	0	0		00	.00	.000	.00	.00
OFFICE VISITS	0	0		00	.00	.000	.00	.00
HOME VISITS	0	0		00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		00	.00	.000	.00	.00
INPATIENT VISITS	0	0		00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		00	.00	.000	.00	.00
CRITICAL CARE	0	0		00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		00	.00	.000	.00	.00
EXAMINATIONS	0	0		00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	64	133		2,475.27		18.61	.232		38.68		4.31
@PHARMACY	471	2,741	\$		\$	58.36	4.775	\$	339.62	\$	278.68
PRESCRIPTION DRUGS	470	2,738		159,845.31		58.38	4.770		340.10		278.48
SNF/ICF	439	2,608		144,826.04		55.53	4.544		329.90		252.31
OUTPATIENTS	32	130		15,019.27		115.53	.226		469.35		26.17
MEDICAL SUPPLIES	3	3		115.29		38.43	.005		38.43		.20
@DENTIST	5	13	\$	600.27	\$	46.17	.023	\$	120.05	\$	1.05
VISITS - DIAGNOSTIC	2	4		155.00		38.75	.007		77.50		.27
ORAL SURGERY	1	2		123.00		61.50	.003		123.00		.21
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		124.00		62.00	.003		124.00		.22
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	5		198.27		39.65	.009		198.27		.35
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND	EXPENDITURE	S MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 2,374
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MN - LON	G TE	RM CARE - AGED		AID CODE					
							M				
574 ELIGIBLES		OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		AYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4		\$	214.14	\$	35.69	.010	\$	53.54	\$	.37
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	4	6		214.14		35.69	.010		53.54		.37
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6		\$	64.37	\$	9.20	.012	Ş	10.73	Ş	.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	7		64.37		9.20	.012		10.73		.11
@HOME HEALTH AGENCY	0	0	Ş	.00	\$	.00	.000	Ş	.00	Ş	.00
NURSE ANESTHESIST	1	1	Ş	143.34	\$	143.34	.002	\$	143.34	\$	.25
NURSE MIDWIFE	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	23	82	\$	3,343.39	\$	40.77	.143	\$	145.36	\$	5.82
HOSP INPATIENT TOTAL	~										
	3	0		2,392.24		.00	.000		797.41		4.17
HSC HOSPITALS	3 0	0		2,392.24 .00		.00	.000		797.41		4.17

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,392.24	.00	.000	797.41	4.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23	82	951.15	11.60	.143	41.35	1.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.002	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	22	81	951.15	11.74	.141	43.23	1.66
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

03/14/05

MOPO24 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - LONG	TERM CARE - AGED	AID CODE	E 13		
DEE NORTE COUNTY	5011111111 01 5111111010	1011 1111 20111	7 12101 01110 11025	1112 002	MONT	THIY AVERA	GE
574 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS		COST PER
3/4 EDIGIDEES		DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	82 S	3,343.39	\$ 40.77	.143 \$	145.36	_
							•
COMM HOSP INPATIENT TOTAL	3	0	2,392.24	.00	.000	797.41	4.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,392.24	.00	.000	797.41	4.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	82	951.15	11.60	.143	41.35	1.66
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.002	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		81	951.15	11.74	.141	43.23	1.66
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	425	11,899	1,266,379.22	\$ 106.43	20.730 \$	2979.72	\$ 2206.24
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,079.92	99.35	.054	3079.92	5.37
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	404	•					
LEV B-REGULAR	0 424 0	11,868	1,263,299.30		20.676	2979.48	2200.87
@INTERMEDIATE CARE FACILDD		0 \$			.000 \$	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		\$ .00	.000 \$	.00	•
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2 \$		\$ 14.20	.003 \$	14.20	
PATHOLOGY	2	2	28.39	14.20	.003	14.20	.05
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	66 \$		\$ 34.84	.115 \$	153.31	
-	0	0	-/		•	.00	·
CLINIC	0	0	.00	.00	.000		.00
SURGICENTER	U	-	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00.	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	66	2,299.67	34.84	.115	153.31	4.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 2,376
MOP024	FEE-FOR-SERVICE/DENT						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MN - LONG	F TERM CARE - AGED	AID CODE	E 13		

							MC	NTHLY AVERA	GE -	
574 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	58	597	\$	11,529.53	\$	19.31	1.040	\$ 198.79	\$	20.09
DURABLE MED. EQUIP.	12	157		4,322.93		27.53	.274	360.24		7.53
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	23	235		994.35		4.23	.409	43.23		1.73
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	23	231		986.95		4.27	.402	42.91		1.72
OTHER SERVICES	1	4		7.40		1.85	.007	7.40		.01
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	5	74		5,159.36		69.72	.129	1031.87		8.99
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	7	12		137.60		11.47	.021	19.66		.24
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1	1		577.91		577.91	.002	577.91		1.01
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	11	118		337.38		2.86	.206	30.67		.59
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	131	234	\$	29,153.75	\$	124.59	.408	\$ 222.55	\$	50.79
A* TOTATO IN TUROR ITNED ADE CIN	TN AC A CEDAL	ATE THEODMATTON T	TEM	ONT V •						

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,377 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DDE NORTE COONTI	DOMINICI OF DELICA	TCHO LOIC	T.II.A	поио	1 11/1/1	CIIIL	DHIND		TITD CODE	25				
										MO	NTE	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE		EXPEND	ITURES	AVE:	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS	OF CA	RE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$			.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	\$			.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0				.00		.00	.000		.00		.00
OFFICE VISITS	0		0				.00		.00	.000		.00		.00
HOME VISITS	0		0				.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0				.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0				.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0				.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0				.00		.00	.000		.00		.00
INPATIENT VISITS	0		0				.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0				.00		.00	.000		.00		.00
CRITICAL CARE	0		0				.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0				.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0				.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	U	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	•	.00	•	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
	0	0							.00		
ORAL SURGERY	U	•		.00		.00	.000				.00
DRUGS	U	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUE	RES	MONTH-OF-PAYMENT RE	ZPORT			EC		P	AGE 2,378
MOP024	FEE-FOR-SERVICE			11011111 01 11111111111 111			.001 111110 2				03/14/05
DEL NORTE COUNTY			ONG	TERM CARE - BLIND		AID CODE	23				03/11/00
DEE NORTE COOKIT	SOTHER OF SERV		3110	TERM CHILE DELINE		1110 0000	MC	ити	LY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AME	ERAGE COST			OST PER		COST PER
00 EEIGIBEE	OBERG	OR DAYS OF CARE		EMILLINDITONED		R UNIT/DAY	PER ELIG	, 0	USER		ELIGIBLE
@OPTOMETRIST	0	OR DATE OF CARE	\$	.00	\$	.00	.000	Ċ	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
	0	0		.00					.00		
EYE APPLIANCES						.00	.000				.00
OTHER OPTOMETRIC SERVICES	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00		\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

			_		_				_	
NURSE MIDWIFE	U	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00		.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0								
TRANSITIONAL IP CARE	U	U		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0								
RADIOLOGY	U	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0								
TRANSITIONAL IP CARE	U	U		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	Û	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0								
ROOM USE	U	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MON'	TH-OF-PAYMENT RE	EPORT FOR	JAN 2	004 THRU I	DEC 2004		E 2,379
MOP024	FEE-FOR-SERVICE/D	ENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR MN - LON	IG TERI	M CARE - BLIND	AID	CODE	23			
							MC	ONTHLY AVERA	GE	
00 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE			S COST PER		ST PER
00 HHIGIBHE		OR DAYS OF CARE		EM EMBITORES			PER ELIG	USER		IGIBLE
ACOMMINITAL HOCDIAN TOWN			ċ	0.0	\$	.00	.000			.00
@COMMUNITY HOSPITAL TOTAL	0		\$	.00						
COMM HOSP INPATIENT TOTAL	•	0		.00		.00		.00		
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	Ô	n		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
	0	0								
ALL OTHER INPATIENT	0	U		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00		\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

.00 .00 SURGICENTER 0 0 .000 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 .000 .00 PAGE 2,380 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
0* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATE	TNFORMATION ITEM O	NT.Y:	•		·	

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,381 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

DEE NORTE COOKII	DOIMMING OF DELICE	TODO TOR THE	потто	111111	OTHER DIDIED		TITD CODE	0.0				
								MC	NT	HLY AVERA	GΕ	
23 ELIGIBLES	USERS	UNITS OF SERVI	CE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CA	RE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	31	1,647	\$		98,962.71	\$	60.09	71.609	\$	3192.35	\$	4302.73
@PHYSICIANS SERVICES	5	12	\$		88.86	\$	7.41	.522	\$	17.77	\$	3.86
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OMILED OURDAMIENE	0	0		0.0		0.0	000		0.0		0.0
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	•	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	Û		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
INPATIENT HOSPITAL SURGERY	0	0					.000				
PRINCIPAL SURGEON	U	U		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	<u> </u>									
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	12		88.86		7.41	.522		17.77		3.86
@PHARMACY	27	194 \$		21,907.55	\$	112.93	8.435	\$	811.39	\$	952.50
PRESCRIPTION DRUGS	27	194		21,907.55		112.93	8.435		811.39		952.50
SNF/ICF	27	192		22,125.41		115.24	8.348		819.46		961.97
	0			217.86CR		108.93CR	.087		.00		9.47CR
OUTPATIENTS		2									
MEDICAL SUPPLIES	0	0		.00	_	.00	.000	_	.00	_	.00
@DENTIST	1	3 \$		53.00	\$	17.67	.130	Ş	53.00	Ş	2.30
VISITS - DIAGNOSTIC	1	3		53.00		17.67	.130		53.00		2.30
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	Ô	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
	0	0		.00							
PROSTHETICS	0	0				.00	.000		.00		.00
DENTURES, STAYPLATES	Ü	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	момтн-		P∩RT			DEC		PΙ	AGE 2,382
MOP024	FEE-FOR-SERVICE		11011111	OI IMIMINI KD	1 01(1	1010 07110 2	.001 11110	рцс	2001		03/14/05
			medw (		D	ATD CODE	C2				03/14/03
DEL NORTE COUNTY	SUMMARI OF SERV	/ICES FOR MN - LONG	I LERM (	CARE - DISABLE	D	AID CODE		O N T CT		C.E.	
00			_				M				
23 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES				-			COST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER	Ε	ELIGIBLE
@OPTOMETRIST	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$		.00	\$	.00	.000	Ś	.00	\$	.00
VISITS	0	0 9		.00	۲	.00	.000	4	.00	Y	.00
OTHER SERVICES	0	0		.00	ć	.00	.000	ć	.00	Ċ	.00
@PODIATRIST	0	0 \$		.00	\$	.00	.000	Ş	.00	Ş	.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$		.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	3	6 S	1	840.46	Ś	306.74	.261	\$	613.49		80.02
HOSP INPATIENT TOTAL	2	0		752.00	т	.00	.000	т	876.00	т	76.17
HSC HOSPITALS	0	0	-/	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00			.00		.00
ANCILLARIES	2	0	1				.000				.00
INPATIENT CROSSOVERS	2	0	⊥,	752.00		.00	.000		876.00		76.17
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	6		88.46		14.74	.261		29.49		3.85
MEDICAL	0	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	6		88.46		14.74	.261		29.49		3.85
@COUNTY HOSPITAL TOTAL	0	0 \$		.00	\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PA	YMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 2,383
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE -	DISABLE	ED	AID CODE	63				
							M	IONT:	HLY AVERA	GE -	
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEND	ITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	÷	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	6 \$	1,	840.46	\$	306.74	.261	\$	613.49	\$	80.02
COMM HOSP INPATIENT TOTAL	2	0		752.00		.00	.000		876.00		76.17
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00			.00		.00
ANCILLARIES	0	0					.000				
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		76.17
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	6		88.46		14.74	.261		29.49		3.85
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	6		88.46		14.74	.261		29.49		3.85
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	27	703	\$	73,808.04	\$	104.99	30.565	\$	2733.63	\$	3209.05
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2.7	703		73,808.04		104.99	30.565		2733.63		3209.05
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Υ	.00	.000	Ψ	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ċ	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	\$	.00	Ś	.00		\$	.00	ċ	
@LABORATORY FACILITY	0	0	Ą		ş		.000	Ą		Ą	.00
PATHOLOGY	0	•		.00		.00	.000		.00		.00
XO AND OTHERS	U	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	203.68	\$	25.46	.348	\$	101.84	\$	8.86
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	8		203.68		25.46	.348		101.84		8.86
#CALIF DEPT OF HEALTH SERV			IRES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 2,384
MOP024	FEE-FOR-SERVICE,										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - L	ONG	TERM CARE - DISABI	LED	AID CODE					
									HLY AVERA		
23 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	721	\$	1,061.12	\$	1.47	31.348	\$	176.85	\$	46.14
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	720		1,050.20		1.46	31.304		175.03		45.66
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	6	720		1,050.20		1.46	31.304		175.03		45.66
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	1		10.92	10.92	.043	5.46	.47
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	10	19	\$	3,692.24	\$ 194.33	.826	\$ 369.22	\$ 160.53
A* TOTALS IN THESE ITMES ARE CIVE	שייג מג מבים א מיי	TNEODMARTON	TTEM ONIV.					

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 2,385
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVER <i>I</i>	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	€		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ō	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	Ō	0 \$	.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	Ō	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ō	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	Ō	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ō	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES					
MOP024	FEE-FOR-SERVICE,	DENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	CES FOR MN - LONG	TERM CARE - FAMIL:	IES DISCONTINU	UED		
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	•	.000 \$		\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

				0.0		0.0	0.00	0.0		0.0
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000 \$		\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	т	.00	4	.00	.000	.00	т	.00
	0	0								
SURGERY/ANES.	0	-		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	Ο	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
@TOTAL HOSPITAL	0	0	Ś	.00	\$ \$	.00	.000 \$	.00	\$	.00
	•	· ·	۲		Ÿ				۲	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Û		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		
	0	0								.00
INPATIENT CROSSOVERS	U	U		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	-								
CROSSOVERS/ALL OTH OUTPTNT	U	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	Ô		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
	0	0								
ANCILLARIES	U	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	n	ñ		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	· ·								
CROSSOVERS/ALL OTH OUTPTNT		0		.00	- TOOP	.00	.000	.00	D7.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH	OF-PAYMENT RE	FLOKI, Ł	OR JAN 200	THRU DEC	2004		2,387
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MN - LON	IG TERM	CARE - FAMILIE	ES DI	SCONTINUED				
								HLY AVERA		
OO ELICIDIEC	HODDO HINTEO	OF CEDUTCE		EADEMDILLIDEC	7/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	CE COCH IINI	rme/Dave	COCH DED	COCT	משם ו

		OR DAYS OF CARE				DFR	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$		.00	\$	.00	.000		.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	τ		.00	т	.00	.000	т	.00	Τ.	.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0	Ċ		.00	ć	.00	.000	Ċ	.00	Ċ	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	U	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC		U AND EXPENDIMIT	EC MO									
		ES AND EXPENDITUR	ES MO	NTH-OF-PAYN	IENT RE	FPORT	FOR JAN 2	004 THRU	DEC	2004	Ρ.	AGE 2,388
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE	LCEG EOD WW - IC	אור חב	DM CADE - E	יד דד אמי	FC	DISCONTINI	.E.D				03/14/05
DEL NORIE COUNTI	SUMMAKI OF SERV	ICES FOR MN - LC	NG IE	MI CARE - F	MILLITE	LO				HLY AVERA	CE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDIT	TIRES	Δ1/F						
OO EHIGIDHES	ODEINO	OR DAYS OF CARE		EMERINDEL	01/11/0		UNIT/DAY					
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE			.00	\$	.00			.00		
DURABLE MED. EQUIP.	0	0	Y		.00	Y	.00	.000	Y	.00	Y	.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
PHOOD DIMIK	O	0			.00		• 0 0	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\text{@*}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,389
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

					MON	THLY AVERAG	E
597 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	576	17 <b>,</b> 194 \$	1,546,000.90	\$ 89.92	28.801 \$	2684.03	\$ 2589.62
@PHYSICIANS SERVICES	69	145 \$	2,564.13	\$ 17.68	.243 \$	37.16	\$ 4.30
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

PRINCIPAL SURGEON         0         .00         .00         .00         .00         .00         .00           ASSISTANT SURGEON         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIOLOGIST         0         0         .00         .	OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
DIALYSIS         0         0         .00 <td>ASSISTANT SURGEON</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
PATHOLOGY         0         0         .00 </td <td>ANESTHESIOLOGIST</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
RADIOLOGY         0         0         .00 </td <td>DIALYSIS</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	DIALYSIS	0	0		.00		.00	.000		.00		.00
PSYCHIATRY         0         0         .00<	PATHOLOGY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION     0     0     .00     .00     .00     .00     .00       OTHER SERVICES/ALL X-OVERS     69     145     2,564.13     17.68     .243     37.16     4.30       @PHARMACY     498     2,935     \$     181,868.15     \$     61.97     4.916     \$     365.20     \$     304.64	RADIOLOGY	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS 69 145 2,564.13 17.68 .243 37.16 4.30 @PHARMACY 498 2,935 \$ 181,868.15 \$ 61.97 4.916 \$ 365.20 \$ 304.64	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
@PHARMACY       498       2,935       \$ 181,868.15       \$ 61.97       4.916       \$ 365.20       \$ 304.64	IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
	OTHER SERVICES/ALL X-OVERS	69	145		2,564.13		17.68	.243		37.16		4.30
DD-000-DD-000 DD-000 C1 00 C1	@PHARMACY	498	2,935	\$	181,868.15	\$	61.97	4.916	\$	365.20	\$	304.64
PRESCRIPTION DRUGS 497 2,932 181,752.86 61.99 4.911 365.70 304.44	PRESCRIPTION DRUGS	497	2,932		181,752.86		61.99	4.911		365.70		304.44
SNF/ICF 466 2,800 166,951.45 59.63 4.690 358.26 279.65	SNF/ICF	466	2,800		166,951.45		59.63	4.690		358.26		279.65
OUTPATIENTS 32 132 14,801.41 112.13 .221 462.54 24.79	OUTPATIENTS	32	132		14,801.41		112.13	.221		462.54		24.79
MEDICAL SUPPLIES 3 3 115.29 38.43 .005 38.43 .19	MEDICAL SUPPLIES	3	3		115.29		38.43	.005		38.43		.19
@DENTIST 6 16 \$ 653.27 \$ 40.83 .027 \$ 108.88 \$ 1.09	@DENTIST	6	16	\$	653.27	\$	40.83	.027	\$	108.88	\$	1.09
VISITS - DIAGNOSTIC 3 7 208.00 29.71 .012 69.33 .35	VISITS - DIAGNOSTIC	3	7		208.00		29.71	.012		69.33		.35
ORAL SURGERY 1 2 123.00 61.50 .003 123.00 .21	ORAL SURGERY	1	2		123.00		61.50	.003		123.00		.21
DRUGS 0 0 .00 .00 .00 .00 .00 .00	DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00 .00	ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00	PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00	ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY 1 2 124.00 62.00 .003 124.00 .21	RESTORATIVE DENTISTRY	1	2		124.00		62.00	.003		124.00		
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 .00	PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES 1 5 198.27 39.65 .008 198.27 .33	DENTURES, STAYPLATES	1	5		198.27		39.65	.008		198.27		.33
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00	SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00	MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00	FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00	ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER SERVICES	0	0									
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,390				S MONTH-C	F-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									03/14/05

DEL NORTE COUNTY	SUMMARY OF SERV	TICES FOR MA	1 - TO	NG T	ERM CARE - TOTAL			M	ONTH!		CE	
EAT BLICIDIES	USERS	UNITS OF SE	DITTOR		EVDENDIBLIDEC	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	ERAGE COST	M			.GE	
597 ELIGIBLES	USEKS				EXPENDITURES			/	-			COST PER
A O DECOMEED TOE	4	OR DAYS OF		ċ	214 14		R UNIT/DAY 35.69			USER	ċ	ELIGIBLE
@OPTOMETRIST	4		6	\$	214.14	\$		.010	Þ	53.54	Ş	.36
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	4		6		214.14		35.69	.010		53.54		.36
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	O		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	6		7	\$	64.37	\$	9.20	.012	\$	10.73	\$	.11
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	6		7		64.37		9.20	.012		10.73		.11
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1		1	\$	143.34	\$	143.34	.002	\$	143.34	\$	.24
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	26		88	Ś	5,183.85	Ś	58.91	.147		199.38	Ś	8.68
HOSP INPATIENT TOTAL	5		0		4,144.24		.00	.000		828.85		6.94
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		0		4,144.24		.00	.000		828.85		
INPATIENT CROSSOVERS	0		0		-							6.94
ALL OTHER INPATIENT	•		•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26		88		1,039.61		11.81	.147		39.99		1.74
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	1		1		.00		.00	.002		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	25		87		1,039.61		11.95	.146		41.58		1.74
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	Ō		Ö		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
0011 002	Č .		Ü		• 0 0		• • • •	• • • • •		• • • •		• • • •

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

DEL NORIE COUNTI	SUMMARI OF SERV	ICES FOR MN - LO	NG	IERM CARE - IOIAL						<b>с</b> г	
F07 FLIGTPLES	HOEDO	INTEG OF CERTICE			3.5.7	D3.0E 000E			HLY AVERA	-	
597 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	0.6	OR DAYS OF CARE		F 102 0F		UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26	88	\$	5,183.85		58.91	.147	Ş		\$	8.68
COMM HOSP INPATIENT TOTAL	5 0	0		4,144.24		.00	.000		828.85		6.94
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	•	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	-		4,144.24		.00	.000		828.85		6.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	26	88		1,039.61		11.81	.147		39.99		1.74
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		.00		.00	.002		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	25	87	_	1,039.61	_	11.95	.146	_	41.58	_	1.74
@STATE HOSPITAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00		.00	.000	_	.00	_	.00
@NURSING FACILITY	452	12,602	\$	1,340,187.26		106.35	21.109	\$	2965.02	\$	2244.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	31		3,079.92		99.35	.052		3079.92		5.16
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	451	12,571	_	1,337,107.34		106.36	21.057	_	2964.76	_	2239.71
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00		.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	28.39		14.20	.003	\$	14.20	\$	.05
PATHOLOGY	2	2		28.39		14.20	.003		14.20		.05
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	17	74	\$	2,503.35		33.83	.124	\$	147.26	\$	4.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	74		2,503.35		33.83	.124		147.26	_	4.19
#CALIF DEPT OF HEALTH SERV			ES	MONTH-OF-PAYMENT	KEPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 2,392
MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	NG	TERM CARE - TOTAL							

597 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV:	ERAGE COST		S C	COST PER	LOLI	COST PER
		OR DAYS OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	64	1,318	\$ 12,590.65	\$	9.55	2.208	\$	196.73	\$	21.09
DURABLE MED. EQUIP.	12	157	4,322.93		27.53	.263		360.24		7.24
BLOOD BANK	0	0	.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	29	955	2,044.55		2.14	1.600		70.50		3.42
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00		.00
OTHER TRANS	29	951	2,037.15		2.14	1.593		70.25		3.41
OTHER SERVICES	1	4	7.40		1.85	.007		7.40		.01
ACUPUNCTURE	0	0	.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	5	74	5,159.36		69.72	.124		1031.87		8.64
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00		.00
OPTICIAN	7	12	137.60		11.47	.020		19.66		.23
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
ORTHOTICS	0	0	.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	1	1	577.91		577.91	.002		577.91		.97
HOSPICE SERVICES	0	0	.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	13	119	348.30		2.93	.199		26.79		.58
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	141	253	\$ 32,845.99	\$	129.83	.424	\$	232.95	\$	55.02

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,393
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DOINIMICE OF DEE	(VICED LOIC INDE		NUUDI MOUD					
					Mo	ONTHLY AVERA	GΕ	
USERS	UNITS OF SERV	/ICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
	OR DAYS OF C	CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
2,341	34,274	! \$	2,105,869.10	\$ 61.44	13.172	\$ 899.56	\$	809.33
384	876	5 \$	14,885.45	\$ 16.99	.337	\$ 38.76	\$	5.72
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
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0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
0	C	)	.00	.00	.000	.00		.00
	USERS 2,341	USERS UNITS OF SERV OR DAYS OF C 2,341 34,274	USERS UNITS OF SERVICE OR DAYS OF CARE 2,341 34,274 \$	USERS UNITS OF SERVICE OR DAYS OF CARE  2,341 34,274 \$ 2,105,869.10 384 876 \$ 14,885.45 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  2,341 34,274 \$ 2,105,869.10 \$ 61.44  384 876 \$ 14,885.45 \$ 16.99  0 0 0 .00  0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  2,341 34,274 \$ 2,105,869.10 \$ 61.44 13.172  384 876 \$ 14,885.45 \$ 16.99 .337  0 0 0 .00 .00 .00 .000  0 0 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  2,341 34,274 \$ 2,105,869.10 \$ 61.44 13.172 \$ 899.56 384 876 \$ 14,885.45 \$ 16.99 .337 \$ 38.76 0 0 0 .00 .00 .00 .000 .00 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  2,341 34,274 \$ 2,105,869.10 \$ 61.44 13.172 \$ 899.56 \$ 384 876 \$ 14,885.45 \$ 16.99 .337 \$ 38.76 \$ \$ 0 0 0 .00 .00 .00 .00 .00 .00 .00 .

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THE WIND TO MA	0	0		0.0	0.0	0.00	0.0	0.0
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	•		.00	.00		.00	.00
INPATIENT HOSPITAL SURGERY	1	1		421.82	421.82		421.82	.16
PRINCIPAL SURGEON	Ţ	1		421.82	421.82		421.82	.16
ASSISTANT SURGEON	0	0		.00	.00		.00	.00
ANESTHESIOLOGIST	0	0		.00	.00		.00	.00
OUTPATIENT SURGERY	0	0		.00	.00		.00	.00
PRINCIPAL SURGEON	0	0		.00	.00		.00	.00
ASSISTANT SURGEON	0	0		.00	.00		.00	.00
ANESTHESIOLOGIST	0	0		.00	.00		.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		48.20	48.20		48.20	.02
RADIOLOGY	6	9		80.85	8.98	.003	13.48	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	376	865		14,334.58	16.57	.332	38.12	5.51
@PHARMACY	1,835	15,505	\$	611,871.24	\$ 39.46	5.959	\$ 333.44	\$ 235.15
PRESCRIPTION DRUGS	1,818	8,073		602,620.71	74.65	3.103	331.47	231.60
SNF/ICF	468	2,836		157,632.57	55.58	1.090	336.82	60.58
OUTPATIENTS	1,353	5,237		444,988.14	84.97	2.013	328.89	171.02
MEDICAL SUPPLIES	99	7,432		9,250.53	1.24	2.856	93.44	3.56
@DENTIST	39	201	\$	11,584.92	\$ 57.64	.077	\$ 297.05	\$ 4.45
VISITS - DIAGNOSTIC	22	74		984.65	13.31	.028	44.76	.38
ORAL SURGERY	12	91		5,908.00	64.92		492.33	2.27
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	4	4		300.00	75.00		75.00	.12
PERIODONTICS	2	2		110.00	55.00	.001	55.00	.04
ENDODONTICS	1	1		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	4		234.00	58.50		78.00	.09
PROSTHETICS	1	1		30.00	30.00		30.00	.01
DENTURES, STAYPLATES	11	22		4,018.27	182.65		365.30	1.54
SPACE MAINTAINERS				.00	.00		.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00		.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00		.00	.00
ALL OTHER SERVICES	4	2		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		IDES M					PAGE 2,394
MOP024	FEE-FOR-SERVICE/DENT		الما كالتاء	ONTH OF LATERNI KI	LIONI FON UA	r 7004 TIII/O	DUC 2004	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES		T.T.V NII	FEDY - ACED				03/14/03
DET MOVIE COOMII	SOUTHART OF SERVICES	LOW MEDICE	יחדד ואו	EEDI - AGED		1	ONTHLY AVERA	GE
						N	ONTUDE AVEKA	GE :

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NURSE MIDWIFE	0	0	\$ .00	\$ .	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	227	698	\$ 56,941.73	\$ 81.	58 .268	\$ 250.84	\$ 21.88
HOSP INPATIENT TOTAL	47	4	44,216.82	11054.	21 .002	940.78	16.99
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	4	8,725.96	2181.	49 .002	4362.98	3.35
ACCOMMODATIONS	2	4	3,862.36	965.	59 .002	1931.18	1.48
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	2	4	3,862.36	965.	59 .002	1931.18	1.48
ANCILLARIES	2	0	4,863.60		.000	2431.80	1.87
INPATIENT CROSSOVERS	45	0	35 <b>,</b> 490.86		.000	788.69	13.64
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	211	694	12 <b>,</b> 724.91	18.		60.31	4.89
MEDICAL	9	13	755.78	58.	14 .005	83.98	.29
SURGERY	1	1	13.43	13.		13.43	.01
PATHOLOGY	7	19	221.89	11.		31.70	.09
RADIOLOGY	6	7	141.95	20.		23.66	.05
ROOM USE	2	2	171.09	85.	55 .001	85.55	.07
CROSSOVERS/ALL OTH OUTPTNT	194	652	11,420.77	17.		58.87	4.39
@COUNTY HOSPITAL TOTAL	4	10	\$ 286.60	\$ 28.	.004	\$ 71.65	\$ .11
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00

CO HOSP OUTPATIENT TOTAL	4	10	286.60	28.66	.004	71.65	.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTN	Γ 4	10	286.60	28.66	.004	71.65	.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 2,395
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - AGED				

----- MONTHLY AVERAGE -----2,602 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 223 688 56,655.13 \$ 82.35 .264 \$ 254.06 \$ 21.77 11054.21 940.78 COMM HOSP INPATIENT TOTAL 44,216.82 .002 16.99 .00 .000 .00 HSC HOSPITALS .00 .00 NON-HSC HOSPITALS TOTAL 8,725.96 2181.49 .002 4362.98 ACCOMMODATIONS 3,862.36 965.59 .002 1931.18 1.48 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 965.59 ALL OTHER ACCOM 3,862.36 .002 1931.18 ANCILLARIES 4,863.60 .00 .000 2431.80 1.87 .000 INPATIENT CROSSOVERS 35,490.86 .00 788.69 13.64 .00 0 .00 .000 ALL OTHER INPATIENT .00 .00 COMM HOSP OUTPATIENT TOTAL 207 684 12,438.31 18.18 .263 60.09 4.78 9 13 755.78 58.14 83.98 MEDICAL .005 .29 SURGERY 1 13.43 13.43 .000 13.43 .01 221.89 11.68 31.70 19 .007 PATHOLOGY 20.28 23.66 RADIOLOGY 141.95 .003 2 ROOM USE 171.09 85.55 .001 85.55 .07 190 642 17.34 58.60 CROSSOVERS/ALL OTH OUTPINT 11,134.17 .247 4.28 0 0 .00 .00 \$ @STATE HOSPITAL .00 .000 \$ .00 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED Ω 0 .00 .00 .000 .00 .00 2901.34 12,494 1,354,927.49 108.45 4.802 \$ 520.73 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 LEV B-REHAB MD 31 3,079.92 99.35 .012 3079.92 1.18 0 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .000 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 12,463 1,351,847.57 2900.96 108.47 4.790 LEV B-REGULAR 0 .00 .00 \$ @INTERMEDIATE CARE FACIL.-DD 0 .00 .000 \$ .00 .00 ICF DDH 0 .00 .000 .00 .00 .00 .00 ICF DD .00 .000 ICF DDN/DDCN .00 .00 .000 .00 .00 .00 \$ @HEMODIALYSIS TOTAL .00 .00 .000 \$ . 00 HOSPITAL BASED .00 .00 .000 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 .00 .00 .000 \$ .00 \$ @REHABILITATION FACILITY . 00 .00 .00 .00 .000 .00 HOSPITAL BASED 0 .00 .00 .00 INDEPENDENT FACILITY .000 .00 .012 \$ 32 304.42 9.51 17.91 \$ **@LABORATORY FACILITY** . 12 298.12 11.04 .010 18.63 PATHOLOGY 1 5 6.30 1.26 6.30 XO AND OTHERS .002 .00 316 29,593.29 55.63 .204 \$ 93.65 \$ @ORGANIZED OUTPATIENT CLINIC 11.37 CLINIC 187.77 62.59 .001 187.77 .07

.00 SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .000 .00 529 RURAL HEALTH CLINIC 315 29,405.52 55.59 .203 93.35 11.30 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,396 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

DED NORTH COONTI	DOMMANT OF DERIVE	CES FOR MEDICA.	LIL 1415.	EDI AGED				
							NTHLY AVERA	GE
2,602 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	297	3,743	\$	22,348.30	\$ 5.97	1.439	\$ 75.25	\$ 8.59
DURABLE MED. EQUIP.	15	163		4,575.15	28.07	.063	305.01	1.76
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		531.33	531.33	.000	531.33	.20
MEDICAL TRANSPORTATION	35	1,264		2,701.74	2.14	.486	77.19	1.04
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	34	1,255		2,687.50	2.14	.482	79.04	1.03
OTHER SERVICES	2	9		14.24	1.58	.003	7.12	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	74		5 <b>,</b> 159.36	69.72	.028	1031.87	1.98
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	53	116		1,333.84	11.50	.045	25.17	.51
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3		1,548.52	516.17	.001	516.17	.60
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	2,121		6,497.86	3.06	.815	33.67	2.50
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000		
@XOVER EXCLUDING STATE HOSP**	726	4,877	\$	112,576.66	\$ 23.08	1.874	\$ 155.06	\$ 43.27
Q* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION	TTEM O	NT.Y:				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,397 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 355 \$ 39,352.96 \$ 110.85 44.375 \$ 3577.54 \$ 4919.12 11 0 Ś .00 \$ .00 .000 \$ .00 \$ .00 @PHYSICIANS SERVICES 0 0 0 .00 .00 .00 OUTPATIENT VISITS .00 .000 .00 OFFICE VISITS Ω Ω .00 .000 .000 .000 .000 .000 .000 .00 . 00 Ω 0 .00 .00 .00 HOME VISITS .00 EMERGENCY ROOM 0 0 .00 .00 0 0 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI Ω .00 .00 .00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0							
EXAMINATIONS	U	U		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0							
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	9	94	Ś	8,158.29		11.750		Ś	1019.79
PRESCRIPTION DRUGS	9	94	٧	8,158.29	86.79	11.750	906.48		1019.79
	9	94				11.750	906.48		1019.79
SNF/ICF	9			8,158.29	86.79				
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$		\$ .00	.000		\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
	0	0							
RESTORATIVE DENTISTRY	U	U		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
	-	-	) E C   N	.00 MONTH-OF-PAYMENT RI				D.	
#CALIF DEPT OF HEALTH SERV			KES P	IONTH-OF-PAIMENT RE	EPORT FOR JAN	2004 THRU I	DEC 2004	PA	AGE 2,398
MOP024	FEE-FOR-SERVICE								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	JICES FOR MEDICAL	LLY N	IEEDY - BLIND					
							ONTHLY AVERA		
08 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COS'	T UNITS/DAY:	S COST PER	(	COST PER
		OR DAYS OF CAR	$\Xi$		PER UNIT/DA	Y PER ELIG	USER	I	ELIGIBLE
@OPTOMETRIST	0	0	Ś	.00	\$ .00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
	0	0							
OTHER OPTOMETRIC SERVICES	· ·		<u> </u>	.00	.00	.000	.00	<u>^</u>	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000		Ş	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
O D O D T A MD T C M	^	0	\$	.00	\$ .00	.000	\$ .00	Ċ	.00
@PODIATRIST	0	U	P	.00	٠٠٠	.000	٠.00	Y	.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	Ő	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0		Ċ	.00	\$	.00		.00	
	0		\$				· ·		
NURSE ANESTHESIST	U		\$	.00	\$	.00	.000 \$	.00	\$ .00
NURSE MIDWIFE	Ü	0 :	Ş	.00	\$	.00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 :	\$	.00	\$	.00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	Ő	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
	0	0							
ANCILLARIES	•	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0		\$	.00	\$	.00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	Ψ.	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
	0	0							
NON-HSC HOSPITALS TOTAL				.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ü		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE:	C MONT		FDODT F				PAGE 2,399
MOP024	FEE-FOR-SERVICE		D MONI	II OF FAIMENT NE	EFORT F	OK UAN 2	EUU4 IIIKU DE	2004	03/14/05
				W DI TND					03/14/03
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	Y NEED	DX - BTIND			14017		<b>α</b> π
							MON'		
08 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CARE			PER U		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		\$	.00	\$	.00	.000 \$		\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	260	\$ 31,096.00	\$ 119.60	32.500	\$ 3109.60	\$ 3887.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	260	31,096.00	119.60	32.500	3109.60	3887.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00		\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	JTH-OF-PAYMENT RE	EPORT FOR JAN 2		2004	PAGE 2,400
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
DEL NORTE COUNTY		CES FOR MEDICALLY NER	EDY - BLIND				
					MONTI	HLY AVERAC	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	98.67	\$ 98.67	.125 \$	98.67	\$ 12.33
DURABLE MED. EQUIP.	1	1	98.67	98.67	.125	98.67	12.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,401
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

.00 \$

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							MC	NTHLY AVER	AGE	
1,739 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,826	18,781	\$	1,095,039.49	\$	58.31	10.800	\$ 599.69	\$	629.69
@PHYSICIANS SERVICES	312	1,000	\$	27,443.89	\$	27.44	.575	\$ 87.96	\$	15.78

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	65	96		3,445.27		35.89	.055		53.00		1.98
OFFICE VISITS	51	79		2,356.15		29.82	.045		46.20		1.35
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	10	12		931.76		77.65	.007		93.18		.54
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
	0	5		157.36		31.47	.003				
OTHER OUTPATIENT	8								39.34		.09
INPATIENT VISITS	8	121		4,550.56		37.61	.070		568.82		2.62
HOSPITAL VISITS	6	119		4,438.46		37.30	.068		739.74		2.55
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	2	2		112.10		56.05	.001		56.05		.06
OPHTHALMOLOGICAL SERVICES	3	3		117.71		39.24	.002		39.24		.07
EXAMINATIONS	3	3		117.71		39.24	.002		39.24		.07
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	63		8,239.45		130.78	.036		823.95		4.74
PRINCIPAL SURGEON	8	16		6,883.42		430.21	.009		860.43		3.96
ASSISTANT SURGEON	2	2		377.51		188.76	.001		188.76		.22
ANESTHESIOLOGIST	4	45		978.52		21.74	.026		244.63		.56
OUTPATIENT SURGERY	11	15		3,087.71		205.85	.009		280.70		1.78
	11	15		3,087.71		205.85	.009		280.70		1.78
PRINCIPAL SURGEON											
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	25	81		589.82		7.28	.047		23.59		.34
RADIOLOGY	51	92		1,567.81		17.04	.053		30.74		.90
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	5		43.02		8.60	.003		8.60		.02
OTHER SERVICES/ALL X-OVERS	194	524		5,802.54		11.07	.301		29.91		3.34
@PHARMACY	1,329	11,344	\$	659,358.72	\$	58.12	6.523	\$	496.13	\$	379.16
PRESCRIPTION DRUGS	1,316	6,144	•	650,223.86	·	105.83	3.533		494.09		373.91
SNF/ICF	50	525		40,067.97		76.32	.302		801.36		23.04
OUTPATIENTS	1,269	5,619		610,155.89		108.59	3.231		480.82		350.87
MEDICAL SUPPLIES	102	5,200		9,134.86		1.76	2.990		89.56		5.25
@DENTIST	45	204	Ś	7,401.00	\$	36.28	.117	ċ	164.47	ċ	4.26
	34		Ą	-	Ş			Ą		Ą	
VISITS - DIAGNOSTIC		134		1,512.00		11.28	.077		44.47		.87
ORAL SURGERY	9	41		1,898.00		46.29	.024		210.89		1.09
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	3	3		200.00		66.67	.002		66.67		.12
PERIODONTICS	1	1		118.00		118.00	.001		118.00		.07
ENDODONTICS	1	3		590.00		196.67	.002		590.00		.34
RESTORATIVE DENTISTRY	7	13		633.00		48.69	.007		90.43		.36
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	9		2,450.00		272.22	.005		408.33		1.41
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			DEC					DEC		D	AGE 2,402
			KES .	MONIH-OF-PAIMENT F	KEPURI	FOR JAN 2	.004 IRC	DEC	2004	Р	
MOPO24	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	ььх.	NEEDY - DISABLED						~-	
1 500 5			_				M				
1,739 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	50	137	\$	2,793.46	\$		.079	\$	55.87	\$	1.61
DIAGNOSTIC AND ANC. PROCED	14	17		648.28		38.13	.010		46.31		.37

	4.0	440		0 001 00		16.06	0.60		45 65		1 15
EYE APPLIANCES	42	118		2,001.38		16.96	.068		47.65		1.15
OTHER OPTOMETRIC SERVICES	4	2		143.80		71.90	.001		35.95		.08
@CHIROPRACTOR	7	12 \$	5	178.17	\$	14.85	.007		25.45	\$	.10
VISITS	4	6		100.32		16.72	.003		25.08		.06
OTHER SERVICES	4	6		77.85		12.98	.003		19.46		.04
@PODIATRIST	31	52 \$	5	1,100.17	\$	21.16	.030	\$	35.49	\$	.63
MEDICINE/INJECTIONS	4	4		129.20		32.30	.002		32.30		.07
SURGERY/ANES.	1	2		108.14		54.07	.001		108.14		.06
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	26	46		862.83		18.76			33.19		.50
OTHER	1				ċ		.026			Ċ	
@HOME HEALTH AGENCY		13 \$		928.45	\$	71.42	.007		928.45		.53
NURSE ANESTHESIST	7	44 \$		578.20	\$	13.14	.025			\$	.33
NURSE MIDWIFE	0	0 \$		.00	Ş	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$		.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0 \$	5	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	218	937 \$	5	174,375.17	\$	186.10	.539	\$	799.89	\$	100.27
HOSP INPATIENT TOTAL	34	46		149,068.99		3240.63	.026		4384.38		85.72
HSC HOSPITALS	2	4		4,824.00		1206.00	.002		2412.00		2.77
NON-HSC HOSPITAL TOTAL	14	42		128,901.98		3069.09	.024		9207.28		74.12
ACCOMMODATIONS	14	42		33,434.50		796.06	.024		2388.18		19.23
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.002		925.20		.53
	0	0					.002		.00		.00
TRANSITIONAL IP CARE				.00		.00					
ALL OTHER ACCOM	13	38		32,509.30		855.51	.022		2500.72		18.69
ANCILLARIES	14	0		95,467.48		.00	.000		6819.11		54.90
INPATIENT CROSSOVERS	18	0		15,343.01		.00	.000		852.39		8.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	204	891		25,306.18		28.40	.512		124.05		14.55
MEDICAL	37	103		5,584.74		54.22	.059		150.94		3.21
SURGERY	9	9		384.75		42.75	.005		42.75		.22
PATHOLOGY	56	283		3,514.53		12.42	.163		62.76		2.02
RADIOLOGY	47	68		3,191.84		46.94	.039		67.91		1.84
ROOM USE	43	66		3,110.96		47.14	.038		72.35		1.79
CROSSOVERS/ALL OTH OUTPTNT	143	362		9,519.36		26.30	.208		66.57		5.47
	1	3 \$		100.27	\$	33.42	.002		100.27	ċ	.06
@COUNTY HOSPITAL TOTAL	0	0	•		Ą					Ş	
CO HOSPITAL INPATIENT TOTAL	~	•		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		100.27		33.42	.002		100.27		.06
MEDICAL	0	0		.00		.00	.002		.00		.00
	0	0									
SURGERY	0			.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	Ü	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		100.27		33.42	.002		100.27		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 2,403
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	NEEDY -	- DISABLED							
								MONT	עם אווי אווי	CF -	

		OR DAYS OF CARE	:		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	217	934	\$	174,274.90	\$	186.59	.537				100.22
COMM HOSP INPATIENT TOTAL	34	46		149,068.99		3240.63	.026		4384.38	·	85.72
HSC HOSPITALS	2	4		4,824.00		1206.00	.002		2412.00		2.77
NON-HSC HOSPITALS TOTAL	14	42		128,901.98		3069.09	.024		9207.28		74.12
ACCOMMODATIONS	14	42		33,434.50		796.06	.024		2388.18		19.23
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.002		925.20		.53
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	38		32,509.30		855.51	.022		2500.72		18.69
ANCILLARIES	14	0		95,467.48		.00	.000		6819.11		54.90
INPATIENT CROSSOVERS	18	0		15,343.01		.00	.000		852.39		8.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	203	888		25,205.91		28.39	.511		124.17		14.49
MEDICAL	37	103		5,584.74		54.22	.059		150.94		3.21
SURGERY	9	9		384.75		42.75	.005		42.75		.22
PATHOLOGY	56	283		3,514.53		12.42	.163		62.76		2.02
RADIOLOGY	47	68		3,191.84		46.94	.039		67.91		1.84
ROOM USE	43	66		3,110.96		47.14	.038		72.35		1.79
CROSSOVERS/ALL OTH OUTPTNT	142	359	<u> </u>	9,419.09	<u> </u>	26.24	.206	<u> </u>	66.33	<u> </u>	5.42
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	48	1 142	ċ	.00	Ċ	.00	.000	ċ	.00 2874.15	ċ	.00
@NURSING FACILITY LEV A-INTERMEDIATE	48	1,142 0	\$	137,959.39	\$	120.81	.657 .000	\$	.00	Þ	79.33 .00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAD MD  LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	48	1,142		137,959.39		120.81	.657		2874.15		79.33
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	Ś	.00
ICF DDH	0	0	7	.00	-	.00	.000	7	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	2	26	\$	400.23	\$	15.39	.015	\$	200.12	\$	.23
HOSPITAL BASED	2	26		400.23		15.39	.015		200.12		.23
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	58	175	\$	2,065.87	\$	11.80	.101	\$	35.62	\$	1.19
PATHOLOGY	58	175		2,065.87		11.80	.101		35.62		1.19
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	507	799	\$	49,514.33	\$	61.97	.459	Ş	97.66	Ş	28.47
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	507			49,514.33							28.47
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		(E)	MONTH-OF-PAYMENT RI	EPORI	FOR JAN 2	2004 INKU	DEC	2004	P	AGE 2,404 03/14/05
DEL NORTE COUNTY		ICES FOR MEDICAL	.T.V 1	NEEDY - DISABLED							03/14/03
DEE NORTE COONTI	SOPERATO OF SERV	TOBS FOR MEDICAL		NEEDI DISADEED			M	ONT	HIV AVERA	GE.	
1,739 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	ΑVF	ERAGE COST					COST PER
1,.00 111011110	00110	OR DAYS OF CARE		2112 2112 1 1 0 1 1 1 0		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	217	2,896		30,942.44		10.68			142.59		17.79
DURABLE MED. EQUIP.	10	25		9,416.32		376.65	.014		941.63		5.41
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.00	)	.00	.00
MEDICAL TRANSPORTATION	31	1,035	5,909.33	5.71	.59	5	190.62	3.40
AMBULANCES/AIR TRANS	17	271	2,675.68	9.87	.15	5	157.39	1.54
OTHER TRANS	9	734	1,153.86	1.57	.42	2	128.21	.66
OTHER SERVICES	6	30	2,079.79	69.33	.01	7	346.63	1.20
ACUPUNCTURE	0	0	.00	.00	.00	)	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.00	)	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.00	)	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.00	)	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.00	)	.00	.00
OPTICIAN	52	127	1,286.34	10.13	.07	3	24.74	.74
PHYSICAL THERAPIST	2	19	278.31	14.65	.01	L	139.16	.16
PORTABLE X-RAY	0	0	.00	.00	.00	)	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.00	)	.00	.00
PROSTHETICS	0	0	.00	.00	.00	)	.00	.00
ORTHOTICS	0	0	.00	.00	.00	)	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.00	)	.00	.00
SPEECH AND AUDIOLOGY	6	6	2,180.58	363.43	.00	3	363.43	1.25
HOSPICE SERVICES	1	15	1,827.45	121.83	.00	9	1827.45	1.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.00	)	.00	.00
LOCAL EDUCATION AGENCIES	16	718	5,926.09	8.25	.41	3	370.38	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.00	)	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.00	)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.00	)	.00	.00
ALL OTHER PROVIDERS	109	951	4,118.02	4.33	.54	7	37.78	2.37
@CALIF. CHILDREN SERVICES*	1	1	\$ 2,275.45	\$ 2275.45	.00		2275.45	\$ 1.31
@XOVER EXCLUDING STATE HOSP**	372	3,240	\$ 45 <b>,</b> 798.96	\$ 14.14	1.86	3 \$	123.12	\$ 26.34

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,405 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY NE	EEDY - FAMILIES				
00 000 51 50 55 50					MON		
29,003 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	14,000	OR DAYS OF CARE	4 050 314 03	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,000	64,700 \$ 4,723 \$	4,059,314.93	\$ 62.74 \$ 42.07	2.231 \$ .163 \$		\$ 139.96
@PHYSICIANS SERVICES	2,116		198,701.07				
OUTPATIENT VISITS	703	873	32,141.56	36.82	.030	45.72	1.11
OFFICE VISITS	590	738	25,685.01	34.80	.025	43.53	.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	79	87	4,249.15	48.84	.003	53.79	.15
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	13	20	1,262.06	63.10	.001	97.08	.04
OTHER OUTPATIENT	26	27	910.65	33.73	.001	35.03	.03
INPATIENT VISITS	91	285	15,822.96	55.52 42.91	.010	173.88	.55
HOSPITAL VISITS	79	218	9,354.29	42.91	.008	118.41	.32
CRITICAL CARE	18	67	6,468.67	96.55	.002	359.37	.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	33	39	1,621.93	41.59	.001	49.15	.06
EXAMINATIONS	33	39	1,621.93	41.59	.001	49.15	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	82	443	35,345.08	79.79	.015	431.04	1.22
PRINCIPAL SURGEON	58	86	28,876.75	335.78	.003	497.88	1.00
ASSISTANT SURGEON	12	12	1,740.44	145.04	.000	145.04	.06
ANESTHESIOLOGIST	21	345	4,727.89	13.70	.012	225.14	.16
OUTPATIENT SURGERY	233	438	50,137.92	114.47	.015	215.18	1.73
PRINCIPAL SURGEON	223	331	47,733.86	144.21	.011	214.05	1.65
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.01
ANESTHESIOLOGIST	13	105	2,134.52	20.33	.004	164.19	.07
DIALYSIS	3	39	648.18	16.62	.001	216.06	.02
PATHOLOGY	175	245	5,694.76	23.24	.008	32.54	.20
RADIOLOGY	1,028	1,541	38,810.28	25.19	.053	37.75	1.34
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	78	159	1,305.16	8.21	.005	16.73	.05
OTHER SERVICES/ALL X-OVERS	261	661	17,173.24	25.98	.023	65.80	.59
@PHARMACY	6 <b>,</b> 569	17,821 \$		\$ 53.79	.614 \$		
PRESCRIPTION DRUGS	6 <b>,</b> 524	15,664	949,038.51	60.59	.540	145.47	32.72
SNF/ICF	0,324	13,004	.00	.00	.000	.00	.00
OUTPATIENTS	6 <b>,</b> 524	15 <b>,</b> 664	949,038.51	60.59	.540	145.47	32.72
	104	2,157	9,473.77	4.39	.074	91.09	.33
MEDICAL SUPPLIES @DENTIST		1,992 \$	74,516.00	\$ 37.41	.069 \$		
VISITS - DIAGNOSTIC	258 209	958	16,631.75	17.36	.033	79.58	.57
	82	395		64.07	.014	308.61	.87
ORAL SURGERY	3	395	25,306.25				.00
DRUGS			75.00	25.00	.000	25.00	
ANESTHESIA	31	31	2,900.00	93.55	.001	93.55	.10
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	36	77	5,400.00	70.13	.003	150.00	.19
RESTORATIVE DENTISTRY	95	410	20,353.00	49.64	.014	214.24	.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	14	3,410.00	243.57	.000	378.89	.12
SPACE MAINTAINERS	2	2	200.00	100.00	.000	100.00	.01
MAXILLOFACIAL SERVICES	3	3	100.00	33.33	.000	33.33	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	140.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	12	95	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 2,406

03/14/05

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	LI NE	EDY - FAMILIES			T. A	ONTH.	ת מיינות איינו	CE.	
20 002 ELICIPIES	HOEDO	INTEG OF CEDITOR		EVDENDIBLIDEC	7. 7. 7.	EDACE COCH	M			.GE	
29,003 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	2.00	OR DAYS OF CARE		00 516 00		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	380	1,020	\$	23,516.83	\$		.035	Ş	61.89	Ş	.81
DIAGNOSTIC AND ANC. PROCED	295	329		13,250.67		40.28	.011		44.92		.46
EYE APPLIANCES	240	687		10,231.93		14.89	.024		42.63		.35
OTHER OPTOMETRIC SERVICES	3	4		34.23		8.56	.000		11.41		.00
@CHIROPRACTOR	175	290	\$	4,747.12	\$	16.37	.010	\$	27.13	\$	.16
VISITS	173	288		4,719.22		16.39	.010		27.28		.16
OTHER SERVICES	2	2		27.90		13.95	.000		13.95		.00
@PODIATRIST	16	24	\$	656.08	\$	27.34	.001	Ś	41.01	Ś	.02
MEDICINE/INJECTIONS	16	18		552.28		30.68	.001		34.52		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	3	6		103.80		17.30	.000		34.60		.00
OTHER	0	0		.00		.00	.000		.00		.00
	18		Ċ		Ċ			<u>_</u>		Ċ	
@HOME HEALTH AGENCY		67	Ş		\$		.002		244.33		.15
NURSE ANESTHESIST	174	965	Ş		\$		.033		104.92		.63
NURSE MIDWIFE	69	134	Ş	•	\$		.005			\$	.82
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	3,294	16 <b>,</b> 948	\$	1,672,166.21	\$	98.66	.584	\$	507.64	\$	57.65
HOSP INPATIENT TOTAL	173	715		1,134,961.77		1587.36	.025		6560.47		39.13
HSC HOSPITALS	14	55		73,772.00		1341.31	.002		5269.43		2.54
NON-HSC HOSPITAL TOTAL	159	660		1,058,644.41		1604.01	.023		6658.14		36.50
ACCOMMODATIONS	159	660		467,571.45		708.44	.023		2940.70		16.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	159	660		467,571.45		708.44	.023		2940.70		16.12
ANCILLARIES	159	0		591,072.96		.00	.000		3717.44		20.38
INPATIENT CROSSOVERS	3	0		2,545.36		.00	.000		848.45		.09
		0		•							
ALL OTHER INPATIENT	0 3,204			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,204	16,233		537,204.44		33.09	.560		167.67		18.52
MEDICAL	1,526	2,127		121,814.85		57.27	.073		79.83		4.20
SURGERY	351	451		25,101.03		55.66	.016		71.51		.87
PATHOLOGY	1,271	4,634		57 <b>,</b> 194.90		12.34	.160		45.00		1.97
RADIOLOGY	1,145	1,668		112,441.36		67.41	.058		98.20		3.88
ROOM USE	1,873	2 <b>,</b> 736		107 <b>,</b> 648.77		39.35	.094		57.47		3.71
CROSSOVERS/ALL OTH OUTPINT	1,458	4,617		113,003.53		24.48	.159		77.51		3.90
@COUNTY HOSPITAL TOTAL	2	3	\$	111.35	\$	37.12	.000	\$	55.68	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0									
ANCILLARIES	•	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		111.35		37.12	.000		55.68		.00
MEDICAL	1	1		64.19		64.19	.000		64.19		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.21		34.21	.000		34.21		.00
	_	_		÷							

CROSSOVERS/ALL OTH OUTPTNT 1 1 12.95 12.95 .000 12.95 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,407 03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

DEL NORTE COUNTY

ZIIMMZBV	OF	SEBMICES	FOR	MEDICALLY	NEEDA	_	FAMILIES

| DELINGRE COUNTY | SUMMANY OF SERVICES | SURMANY OF SERVICES | SURMANY SERVICES | SURMANY NEEDS | SURMANY SERVICES | SURMANY S ----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 29,003 ELIGIBLES O
GREMODIALYSIS TOTAL

HOSPITAL BASED

HEMODIALYSIS CENTER

QREHABILITATION FACILITY

HOSPITAL BASED

INDEPENDENT FACILITY

QLABORATORY FACILITY

QLABORATORY FACILITY

PATHOLOGY

XO AND OTHERS

QORGANIZED OUTPATIENT CLINIC

CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,408 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

29,003 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES		UNITS/DAY		102	COST PER
		OR DAYS OF CAR			PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	881	9,153	\$ 123,631.08	\$ 13.51	.316		\$	4.26
DURABLE MED. EQUIP.	22	37	3,212.82	86.83	.001	146.04		.11
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	141	4,803	62,895.33	13.10	.166	446.07		2.17
AMBULANCES/AIR TRANS	138	4,056	42,669.15	10.52	.140	309.20		1.47
OTHER TRANS	2	726	1,041.90	1.44	.025	520.95		.04
OTHER SERVICES	20	21	19,184.28	913.54	.001	959.21		.66
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	1	3	208.74	69.58	.000	208.74		.01
GENETIC DISEASE TESTING	47	47	4,935.00	105.00	.002	105.00		.17
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	235	509	4,509.20	8.86	.018	19.19		.16
PHYSICAL THERAPIST	134	1,119	18,034.15	16.12	.039	134.58		.62
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	13	21	2,194.19	104.49	.001	168.78		.08
PROSTHETICS	12	20	2,144.24	107.21	.001	178.69		.07
ORTHOTICS	1	1	49.95	49.95	.000	49.95		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	22	67	2,707.27	40.41	.002	123.06		.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	225	1,846	20,819.92	11.28	.064	92.53		.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	61	701	4,114.46	5.87	.024	67.45		.14
@CALIF. CHILDREN SERVICES*	45	331	\$ 66,774.44	\$ 201.74	.011	\$ 1483.88	\$	2.30
@XOVER EXCLUDING STATE HOSP**	63	123	\$ 4,844.44	\$ 39.39	.004	\$ 76.90	\$	.17

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,409
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DOMESTICE OF DELIC	VICED FOR HEDICA						
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
18 <b>,</b> 178	118,110	\$	7,299,576.48	\$ 61.80	3.541	\$ 401.56	\$ 218.86
2,812	6 <b>,</b> 599	\$	241,030.41	\$ 36.53	.198	\$ 85.71	\$ 7.23
768	969		35,586.83	36.73	.029	46.34	1.07
641	817		28,041.16	34.32	.024	43.75	.84
0	0		.00	.00	.000	.00	.00
89	99		5,180.91	52.33	.003	58.21	.16
1	1		34.69	34.69	.000	34.69	.00
13	20		1,262.06	63.10	.001	97.08	.04
30	32		1,068.01	33.38	.001	35.60	.03
99	406		20,373.52	50.18	.012	205.79	.61
85	337		13,792.75	40.93	.010	162.27	.41
18	67		6,468.67	96.55	.002	359.37	.19
2	2		112.10	56.05	.000	56.05	.00
36	42		1,739.64	41.42	.001	48.32	.05
	USERS  18,178 2,812 768 641 0 89 1 13 30 99 85 18	USERS UNITS OF SERVICE OR DAYS OF CAR  18,178 118,110 2,812 6,599 768 969 641 817 0 0 89 99 1 1 1 13 20 30 32 99 406 85 337 18 67 2 2	USERS UNITS OF SERVICE OR DAYS OF CARE  18,178 118,110 \$ 2,812 6,599 \$ 768 969 641 817 0 0 89 99 1 1 1 13 20 330 32 99 406 85 337 18 67 2 2	USERS UNITS OF SERVICE OR DAYS OF CARE  18,178 118,110 \$ 7,299,576.48  2,812 6,599 \$ 241,030.41  768 969 35,586.83  641 817 28,041.16  0 0 .00  89 99 5,180.91  1 1 1 34.69  13 20 1,262.06  30 32 1,068.01  99 406 20,373.52  85 337 13,792.75  18 67 6,468.67  2 2 112.10	USERS UNITS OF SERVICE OR DAYS OF CARE  18,178 118,110 \$ 7,299,576.48 \$ 61.80  2,812 6,599 \$ 241,030.41 \$ 36.53  768 969 35,586.83 36.73  641 817 28,041.16 34.32  0 0 0 .00  89 99 5,180.91 52.33  1 1 1 34.69 34.69  13 20 1,262.06 63.10  30 32 1,068.01 33.38  99 406 20,373.52 50.18  85 337 13,792.75 40.93  18 67 6,468.67 96.55  2 2 112.10 56.05	USERS UNITS OF SERVICE OR DAYS OF CARE  18,178 118,110 \$ 7,299,576.48 \$ 61.80 3.541 2,812 6,599 \$ 241,030.41 \$ 36.53 .198 768 969 35,586.83 36.73 .029 641 817 28,041.16 34.32 .024 0 0 .00 .00 .000 89 99 5,180.91 52.33 .003 1 1 1 34.69 34.69 .000 13 20 1,262.06 63.10 .001 30 32 1,068.01 33.38 .001 99 406 20,373.52 50.18 .012 85 337 13,792.75 40.93 .010 18 67 6,468.67 96.55 .002 2 2 112.10 56.05 .000	USERS UNITS OF SERVICE OR DAYS OF CARE  18,178 118,110 \$ 7,299,576.48 \$ 61.80 3.541 \$ 401.56 2,812 6,599 \$ 241,030.41 \$ 36.53 .198 \$ 85.71 768 969 35,586.83 36.73 .029 46.34 641 817 28,041.16 34.32 .024 43.75 0 0 .00 .00 .000 89 99 5,180.91 52.33 .003 58.21 1 1 1 34.69 34.69 .000 34.69 13 20 1,262.06 63.10 .001 97.08 30 32 1,068.01 33.38 .001 35.60 99 406 20,373.52 50.18 .012 205.79 85 337 13,792.75 40.93 .010 162.27 18 67 6,468.67 96.55 .002 359.37 2 112.10 56.05 .000 56.05

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	36	42	1,739.64	41.42	.001	48.32	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	93	507	44,006.35	86.80	.015	473.19	1.32
PRINCIPAL SURGEON	67	103	36,181.99	351.28	.003	540.03	1.08
ASSISTANT SURGEON	14	14	2,117.95	151.28	.000	151.28	.06
ANESTHESIOLOGIST	25	390	5,706.41	14.63	.012	228.26	.17
OUTPATIENT SURGERY	244	453	53,225.63	117.50	.014	218.14	1.60
PRINCIPAL SURGEON	234	346	50,821.57	146.88	.010	217.19	1.52
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.01
ANESTHESIOLOGIST	13	105	2,134.52	20.33	.003	164.19	.06
DIALYSIS	3	39	648.18	16.62	.001	216.06	.02
PATHOLOGY	201	327	6,332.78	19.37	.010	31.51	.19
RADIOLOGY	1,085	1,642	40,458.94	24.64	.049	37.29	1.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	83	164	1,348.18	8.22	.005	16.24	.04
OTHER SERVICES/ALL X-OVERS	831	2,050	37,310.36	18.20	.061	44.90	1.12
@PHARMACY	9,742	44,764	\$ 2,237,900.53	\$ 49.99	1.342	\$ 229.72	\$ 67.10
PRESCRIPTION DRUGS	9,667	29 <b>,</b> 975	2,210,041.37	73.73	.899	228.62	66.26
SNF/ICF	527	3,455	205,858.83	59.58		390.62	6.17
OUTPATIENTS	9,146	26 <b>,</b> 520	2,004,182.54	75.57	.795	219.13	60.09
MEDICAL SUPPLIES	305	14,789	27 <b>,</b> 859.16	1.88	.443	91.34	.84
@DENTIST	342	2 <b>,</b> 397	\$ 93,501.92	\$ 39.01	.072	\$ 273.40	\$ 2.80
VISITS - DIAGNOSTIC	265	1,166	19,128.40	16.41	.035	72.18	.57
ORAL SURGERY	103	527	33,112.25	62.83		321.48	.99
DRUGS	3	3	75.00	25.00		25.00	.00
ANESTHESIA	38	38	3,400.00	89.47		89.47	.10
PERIODONTICS	3	3	228.00	76.00	.000	76.00	.01
ENDODONTICS	38	81	5,990.00	73.95		157.63	.18
RESTORATIVE DENTISTRY	105	427	21,220.00	49.70		202.10	.64
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	26	45	9,878.27	219.52		379.93	.30
SPACE MAINTAINERS	2	2	200.00	100.00	.000	100.00	.01

MAXILLOFACIAL SERVICES	3	3	100.00	33.33	.000	33.33	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4	140.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	16	97	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,410
MOP024	FEE-FOR-SERVICE/DENT	'AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY NE	EEDY - TOTAL						~-	
			_				M			GE	
33,352 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	462	1,246	\$	28,168.79	\$	22.61	.037	\$	60.97	\$	.84
DIAGNOSTIC AND ANC. PROCED	317	356		14 <b>,</b> 270.54		40.09	.011		45.02		.43
EYE APPLIANCES	311	881		13,670.91		15.52	.026		43.96		.41
OTHER OPTOMETRIC SERVICES	9	9		227.34		25.26	.000		25.26		.01
@CHIROPRACTOR	183	306	\$	4,975.45	\$	16.26	.009	\$	27.19	\$	.15
VISITS	177	294		4,819.54		16.39	.009		27.23		.14
OTHER SERVICES	7	12		155.91		12.99	.000		22.27		.00
@PODIATRIST	98	164	\$	2,589.38	\$	15.79	.005	\$	26.42	\$	.08
MEDICINE/INJECTIONS	20	22		681.48		30.98	.001		34.07		.02
SURGERY/ANES.	1	2		108.14		54.07	.000		108.14		.00
RADIO./PATHOLOGY	3	6		103.80		17.30	.000		34.60		.00
OTHER	77	134		1,695.96		12.66	.004		22.03		.05
@HOME HEALTH AGENCY	20	86	\$	5,775.62	\$	67.16	.003	\$	288.78	\$	.17
NURSE ANESTHESIST	186	1,015	\$	19,055.51	\$	18.77		\$	102.45	\$	.57
NURSE MIDWIFE	69	134	\$	23,865.81	\$	178.10	.004		345.88	\$	.72
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	3 <b>,</b> 739	18,583	\$	1,903,483.11	Ċ	102.43	.557			\$	57.07
HOSP INPATIENT TOTAL	254	765	Ą	1,328,247.58	Ą	1736.27	.023	Ą	5229.32	Ą	39.83
	16	59				1332.14	.023				
HSC HOSPITALS				78,596.00					4912.25		2.36
NON-HSC HOSPITAL TOTAL	175	706		1,196,272.35		1694.44	.021		6835.84		35.87
ACCOMMODATIONS	175	706		504,868.31		715.11	.021		2884.96		15.14
ADMINISTRATIVE DAYS	1	4		925.20		231.30	.000		925.20		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	174	702		503,943.11		717.87	.021		2896.22		15.11
ANCILLARIES	175	0		691,404.04		.00	.000		3950.88		20.73
INPATIENT CROSSOVERS	66	0		53,379.23		.00	.000		808.78		1.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,619	17,818		575 <b>,</b> 235.53		32.28	.534		158.95		17.25
MEDICAL	1,572	2,243		128,155.37		57.14	.067		81.52		3.84
SURGERY	361	461		25,499.21		55.31	.014		70.63		.76
PATHOLOGY	1,334	4,936		60,931.32		12.34	.148		45.68		1.83
RADIOLOGY	1,198	1,743		115,775.15		66.42	.052		96.64		3.47
ROOM USE	1,918	2,804		110,930.82		39.56	.084		57.84		3.33
CROSSOVERS/ALL OTH OUTPINT	1 <b>,</b> 795	5 <b>,</b> 631		133,943.66		23.79	.169		74.62		4.02
@COUNTY HOSPITAL TOTAL	7	16	\$	498.22	\$	31.14	.000	\$	71.17	\$	.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	7	16	498.22	31.14	.000	71.17	.01
MEDICAL	1	1	64.19	64.19	.000	64.19	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.21	34.21	.000	34.21	.00
CROSSOVERS/ALL OTH OUTPTNT	6	14	399.82	28.56	.000	66.64	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU I	DEC 2004	PAGE 2,411
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - TOTAL				

						MC	NT	HLY AVERA	GE	
33,352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,732	18 <b>,</b> 567	\$	1,902,984.89	\$ 102.49	.557	\$	509.91	\$	57.06
COMM HOSP INPATIENT TOTAL	254	765		1,328,247.58	1736.27	.023		5229.32		39.83
HSC HOSPITALS	16	59		78,596.00	1332.14	.002		4912.25		2.36
NON-HSC HOSPITALS TOTAL	175	706		1,196,272.35	1694.44	.021		6835.84		35.87
ACCOMMODATIONS	175	706		504,868.31	715.11	.021		2884.96		15.14
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000		925.20		.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	174	702		503,943.11	717.87	.021		2896.22		15.11
ANCILLARIES	175	0		691,404.04	.00	.000		3950.88		20.73
INPATIENT CROSSOVERS	66	0		53,379.23	.00	.000		808.78		1.60
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,612	17,802		574,737.31	32.28	.534		159.12		17.23
MEDICAL	1,571	2,242		128,091.18	57.13	.067		81.53		3.84
SURGERY	361	461		25,499.21	55.31	.014		70.63		.76
PATHOLOGY	1,334	4,936		60,931.32	12.34	.148		45.68		1.83
RADIOLOGY	1,198	1,743		115,775.15	66.42	.052		96.64		3.47
ROOM USE	1,917	2,803		110,896.61	39.56	.084		57.85		3.33
CROSSOVERS/ALL OTH OUTPTNT	1,789	5,617		133,543.84	23.77	.168		74.65		4.00
@STATE HOSPITAL	1,700	0	\$	.00	\$ .00		Ś	.00	\$	.00
MENTALLY ILL	0	0	Y	.00	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	525	13,896	\$	1,523,982.88	\$ 109.67		\$	2902.82	\$	45.69
LEV A-INTERMEDIATE	0	13,030	Y	.00	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	1	31		3,079.92	99.35	.001		3079.92		.09
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	524	13,865		1,520,902.96	109.69	.416		2902.49		45.60
@INTERMEDIATE CARE FACILDD	0	13,863	\$	.00	\$ .00		\$	.00	Ċ	
ICF DDH	0	0	ې	.00	.00	.000	۲	.00	۲	.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
	2	32	\$	3,358.44		.001	Ċ	1679.22	<u>_</u>	.10
@HEMODIALYSIS TOTAL HOSPITAL BASED	2	0	Ş	3,338.44	\$ 104.95 .00	.000	Ş	.00	Þ	.00
	2	32		3,358.44	104.95	.001		1679.22		.10
HEMODIALYSIS CENTER	22		Ċ	•			Ċ		<u>_</u>	
@REHABILITATION FACILITY	22	210	\$	4,079.11 4,079.11	\$ 19.42 19.42	.006	\$	185.41 185.41	Þ	
HOSPITAL BASED	0	210		•						.12
INDEPENDENT FACILITY	-	· ·	Ċ	.00	.00	.000	ċ	.00	<u>.</u>	.00
@LABORATORY FACILITY	1,043	2,940	\$	44,122.66	\$ 15.01	.088	Ş	42.30	Þ	1.32
PATHOLOGY	1,042	2,935		44,116.36	15.03	.088		42.34		1.32
XO AND OTHERS	1	5	ć	6.30	1.26	.000	Ċ	6.30	^	.00
@ORGANIZED OUTPATIENT CLINIC	7,044	9,945	\$	986,666.37	\$ 99.21		\$	140.07	\$	29.58
CLINIC	28	103		4,361.79	42.35	.003		155.78		.13

SURGICENTER 0 0 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 RURAL HEALTH CLINIC 7,018 9,842 982,304.58 99.81 .295 139.97 29.45 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 2,412 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	ONTHLY AVERA	GE
33,352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,396	15 <b>,</b> 793	\$	177,020.49	\$ 11.21	.474	\$ 126.81	\$ 5.31
DURABLE MED. EQUIP.	48	226		17,302.96	76.56	.007	360.48	.52
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		531.33	531.33	.000	531.33	.02
MEDICAL TRANSPORTATION	207	7,102		71,506.40	10.07	.213	345.44	2.14
AMBULANCES/AIR TRANS	155	4,327		45,344.83	10.48	.130	292.55	1.36
OTHER TRANS	45	2,715		4,883.26	1.80	.081	108.52	.15
OTHER SERVICES	28	60		21,278.31	354.64	.002	759.94	.64
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	6	77		5,368.10	69.72	.002	894.68	.16
GENETIC DISEASE TESTING	47	47		4,935.00	105.00	.001	105.00	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	340	752		7,129.38	9.48	.023	20.97	.21
PHYSICAL THERAPIST	136	1,138		18,312.46	16.09	.034	134.65	.55
PORTABLE X-RAY	1	1		.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	13	21		2,194.19	104.49	.001	168.78	.07
PROSTHETICS	12	20		2,144.24	107.21	.001	178.69	.06
ORTHOTICS	1	1		49.95	49.95	.000	49.95	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	76		6,436.37	84.69	.002	207.62	.19
HOSPICE SERVICES	1	15		1,827.45	121.83	.000	1827.45	.05
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	241	2,564		26,746.01	10.43	.077	110.98	.80
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	363	3 <b>,</b> 773		14,730.34	3.90	.113	40.58	. 44
@CALIF. CHILDREN SERVICES*	46	332	\$	69,049.89	\$ 207.98	.010	\$ 1501.08	\$ 2.07
@XOVER EXCLUDING STATE HOSP**	1,161	8,240	\$	163,220.06	\$ 19.81	.247	\$ 140.59	\$ 4.89
0* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARA	TE INFORMATION I	TEM ON	r.Y :				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

PAGE 2,413 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

MONIBILL A VIEDACE

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W DEL NORTE COUNTY

						MOI	NIHLI AVERA	GE
3,019 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,516	6 <b>,</b> 321	\$	344,187.68	\$ 54.45	2.094	227.04	\$ 114.01
@PHYSICIANS SERVICES	245	437	\$	15 <b>,</b> 679.49	\$ 35.88	.145	64.00	\$ 5.19
OUTPATIENT VISITS	115	160		6,034.01	37.71	.053	52.47	2.00
OFFICE VISITS	77	93		3,350.61	36.03	.031	43.51	1.11
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	22	23		1,079.65	46.94	.008	49.08	.36
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	31		1,226.36	39.56	.010	204.39	.41

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY	SUMMAKI OF SERVICES E	OK MIC -	NO SC	JC U3 U4 ZA 45 4A	4K 4M	1 JK /T 82		ITNON	HLY AVERA	GE	
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES B		NO CO	OC OO OA OA 45 43	172 134	/ Ez 7m 00	0.17 0.14				03/14/05
#CALIF DEPT OF HEALTH SERV			JKES I	IONTH-OF-PAYMENT I	KEPORT	FOR JAN	∠UU4 THRU	DEC	∠004		GE 2,414
ALL OTHER SERVICES	MEDI CAI CEDITCEC TIE	) EADEMET	י סממו	UU.			.000			D 7 (	.00
ORTHODONTIC SERVICES	5 30 24 8 0 3 0 1 10 0 0 0 1 1 1 0	0		35.00		35.00 .00	.000		35.00		.01
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	U	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		120.00		.00	.000				.00
SPACE MAINTAINERS	1	1		120.00		120.00	.000		120.00		.04
DENTURES, STAYPLATES	U	0		.00		.00	.000		.00		.00
PROSTHETICS	U	U		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	10	∠9		1,166.00		40.21	.010		116.60		.39
ENDODONTICS	1.0	1		330.00		330.00	.000		330.00		.11
PERIODONTICS ENDODONETOS	U	U		.00 330.00		.00 330.00			330.00		
ANESTHESIA DEDICONNEICS	3	3		300.00			.000		.00		.10
DKORD DKORD	U 3	U		00.		100.00	.000		100.00		.10
ORAL SUKGEKI	δ 0	Т 8		1,525.00		.00	.000		190.63		.00
VISITS - DIAGNOSTIC	∠4	10		1,525.00		84.72	.033		100.19		.48 .51
MICIES - DINCMOSETO	3 U	103	P	1,444.50	P	14.59	.033	Ą	60.19	P	.48
@DENTIST	3.0	∠∪6 152	ċ	412.06 4,920.50	ċ	∠.UU 22 1.C	. 0 0 0		164.02		1.63
OUTPATIENTS	3 / / E	206		12,993.32		2 00	.421		82.41		24.18 .14
OHEDATTENTS	0 577	1 <b>,</b> 272		72,995.32 .00 72,995.32		57.39	.000		.00 126.51 82 41		24.18
PRESCRIPTION DRUGS	5//	1,2/2		12,993.32		.00	.421		120.31		.00
BRECOLDELON DRUCE	301 577	1,478	P	72 005 22		E7 20	401		106 51		24.32
@PHARMACY	3U E 0 1	1 470	\$	1,489.17 73,407.38	ċ	33.09			126.35	ċ	
OTHER SERVICES AND INJECTION	3.0	0 5 45 1,478					.002		54.88 49.64		.05
PSYCHIATRY IMMUNIZATION AND INJECTION	O 3	U		164.63		32 02	.000		54.88		.05
HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	0	146		718.40 718.40 .00 .00 .243.54 .243.54 .00 1,302.59 1,089.00 .00 .00 .00 .00 .00 .00 .00		.00	.000		.00		.00
PADIOLOGY	104	116		3 511 55		24.05	.048		33.76		1.16
DIALISIS	1.0	2.0		255 17		17 76	.000		.00 18.69		.12
ANESINESIOLOGISI	1	9		1/0.0/		19.03	.003				.00
ASSISIANI SUKGEUN	U 1	0		.00 176 67		19 63	.003		176.67		.06
PRINCIPAL SURGEON	1 /	20		1,083.76		84.19	.007		.00		.00
OUTPATIENT SURGERY	18 17	29		1,860.43		04.13	.010		99.04		.62 .56
ANESTRESIOLUGIST	1 O	20		1 060 42		∠0./U	.003		213.59		.62
ASSISIANI SUKGEUN	U 1	U		212 50		.00	.000				.00
PRINCIPAL SURGEON	2	2		1,089.00		344.30	.000		.00		.00
DRINGIPAL GURGERI	3	10		1,302.39		130.20	.003		544.50		.43
SERVICES AND MATERIALS	0	1.0		1 202 50		120 26	.003		434.20		.43
EXAMINATIONS	6	6		243.54		40.59	.002		40.59		.08
OPHTHALMOLOGICAL SERVICES	6	6		243.54		40.59	.002		40.59		.08
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		
HOSPITAL VISITS	8	16		/18.40		44.90	.005		89.80		.24
INPATIENT VISITS	8 8	16		718.40		44.90	.005		89.80		.24
OTHER OUTPATIENT	12	13		377.39		29.03	.004		31.45		.13
OBUIED OUBDABLENE	1.0	1.0		277 20		20 02	004		21 45		1.0

3,019 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 35 74 \$ 1,654.54 \$ 22.36 .025 \$ 47.27 \$ .55 20 21 868.07 41.34 .007 43.40 .29 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 22 53 786.47 14.84 .018 35.75 .26 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 2 33.44 \$ 16.72 .001 \$ 16.72 \$ .01 @CHIROPRACTOR VISITS 2 33.44 16.72 .001 16.72 .01 .00 .00 OTHER SERVICES 0 0 .00 .000 .00 62.41 \$ @PODIATRIST 62.41 .000 \$ 62.41 \$ .02

MEDICINE/INJECTIONS	1	1	62.41	62.41	.000	62.41	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$ .02
NURSE ANESTHESIST	12	108	\$ 1,936.94	\$ 17.93	.036	\$ 161.41	\$ .64
NURSE MIDWIFE	5	20	\$ 1,216.45	\$ 60.82	.007	\$ 243.29	\$ .40
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	409	2,346	\$ 138,248.29	\$ 58.93	.777	\$ 338.02	\$ 45.79
HOSP INPATIENT TOTAL	13	44	72,406.81	1645.61	.015	5569.75	23.98
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	13	44	72,406.81	1645.61	.015	5569.75	23.98
ACCOMMODATIONS	13	44	26,538.35	603.14	.015	2041.41	8.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	44	26,538.35	603.14	.015	2041.41	8.79
ANCILLARIES	13	0	45 <b>,</b> 868.46	.00	.000	3528.34	15.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	404	2,302	65,841.48	28.60	.763	162.97	21.81
MEDICAL	163	246	13,591.39	55.25	.081	83.38	4.50
SURGERY	38	52	2,572.10	49.46	.017	67.69	.85
PATHOLOGY	175	731	9,090.95	12.44	.242	51.95	3.01
RADIOLOGY	117	170	8,915.60	52.44	.056	76.20	2.95
ROOM USE	264	387	13,928.08	35.99	.128	52.76	4.61
CROSSOVERS/ALL OTH OUTPINT	201	716	17,743.36	24.78	.237	88.28	5.88
@COUNTY HOSPITAL TOTAL	1	2	\$ 66.72	\$ 33.36	.001	\$ 66.72	\$ .02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	66.72	33.36	.001	66.72	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	49.77	49.77	.000	49.77	.02
CROSSOVERS/ALL OTH OUTPINT	1	1	16.95	16.95	.000	16.95	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MO	NTH-OF-PAYMENT REPOR	T FOR JAN 20	04 THRU DE	C 2004	PAGE 2,415
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SOC	03 04 2A 45 4A 4K 4	M 5K 7T 82 8	BE 8W		
				-		THLY AVERAG	E
2 010 BITCIDIES	TICEDO INTE	DO OF CEDITION	DADDMDIDEO 277	EDACE COOM I		COCH DED	

3,019 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
GCOMMINITELY HOODINGS MORAL	408	OR DAYS OF CARE	\$	138,181.57	PER UNIT/DAY \$ 58.95		USER \$ 338.68		ELIGIBLE 45.77
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	13	2,344 44	Ą	72,406.81	\$ 58.95 1645.61	.015	5569.75	Ş	23.98
HSC HOSPITALS	13	0		.00	.00	.000			
NON-HSC HOSPITALS TOTAL	13	44		72,406.81	1645.61	.015	.00 5569.75		.00 23.98
ACCOMMODATIONS	13	44		26,538.35	603.14	.015	2041.41		23.96 8.79
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	13	44		26,538.35	603.14	.015	2041.41		8.79
ANCILLARIES	13	0		45,868.46	.00	.000	3528.34		15.19
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	403	2,300		65 <b>,</b> 774.76	28.60	.762	163.21		21.79
MEDICAL	163	2,300		13,591.39	55.25	.081	83.38		4.50
SURGERY	38	52		2,572.10	49.46	.017	67.69		.85
PATHOLOGY	175	731		9,090.95	12.44	.242	51.95		3.01
RADIOLOGY	117	170		8,915.60	52.44	.056	76.20		2.95
ROOM USE	263	386		13,878.31	35.95	.128	52.77		4.60
	200	715		•	24.79	.237	88.63		5.87
@STATE HOSPITAL	200	713	\$	.00	\$ .00	.000		Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$		\$ .00	.000		Ś	.00
LEV A-INTERMEDIATE	0	0	Y	.00	.00	.000	.00	٧	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000		Ś	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	Ō	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ō	0	\$	.00	\$ .00	.000		\$	.00
HOSPITAL BASED	0	0	·	.00	.00	.000	.00	·	.00
HEMODIALYSIS CENTER	Ó	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	3	16	\$	437.82	\$ 27.36	.005		\$	.15
HOSPITAL BASED	1	8		257.60	32.20	.003	257.60		.09

INDEPENDENT FACILITY	2	8	180.22		22.53	.003	90.11		.06
@LABORATORY FACILITY	104	238 \$	3,792.11	\$	15.93	.079 \$	36.46	\$	1.26
PATHOLOGY	104	238	3,792.11		15.93	.079	36.46		1.26
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	702	929 \$	94,203.84	\$	101.40	.308 \$	134.19	\$	31.20
CLINIC	6	18	693.25		38.51	.006	115.54		.23
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	698	911	93,510.59		102.65	.302	133.97		30.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES I	MONTH-OF-PAYMENT	REPORI	FOR JAN	2004 THRU DE	C 2004	PA	GE 2,416
MOP024	FEE-FOR-SERVICE/DENT.	AL							03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIC - NO S	OC 03 04 2A 45 4A	4K 4N	1 5K 7T 82	8E 8W			
						MON	ITHLY AVERA	GE -	
3,019 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES		RAGE COST		COST PER	С	OST PER
		DAYS OF CARE		PEF	R UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	69	518 \$	8,519.61	\$	16.45	.172 \$		\$	2.82
DURABLE MED. EQUIP.	1	1	96.53		96.53	.000	96.53		.03
BLOOD BANK	0	0	.00		.00	.000	.00		.00

					1401	VIIIII AVIIVA	GE
3,019 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	69	518 \$	8,519.61	\$ 16.45	.172	\$ 123.47	\$ 2.82
DURABLE MED. EQUIP.	1	1	96.53	96.53	.000	96.53	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	20	168	3,860.63	22.98	.056	193.03	1.28
AMBULANCES/AIR TRANS	19	167	2,060.63	12.34	.055	108.45	.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.60
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.003	105.00	.35
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	321.97	7.85	.014	17.89	.11
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	97.66	48.83	.001	97.66	.03
PROSTHETICS	1	2	97.66	48.83	.001	97.66	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	12	510.52	42.54	.004	127.63	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	282	2,539.45	9.01	.093	181.39	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	25	66 \$	4,291.05	\$ 65.02	.022	\$ 171.64	\$ 1.42
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,417 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

DEE NORE COUNTY	COLUMNIC OF CHILL					0.0			
						MC	NTHLY AVERA	AGE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21	184	\$ 4,140.79	\$	22.50	26.286	\$ 197.18	\$	591.54
@PHYSICIANS SERVICES	5	12	\$ 633.40	\$	52.78	1.714	\$ 126.68	\$	90.49

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	1	1		45.76		45.76	.143		45.76		6.54
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		45.76		45.76	.143		45.76		6.54
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	2	0		378.56		75.71	.714		189.28		54.08
OUTPATIENT SURGERY	2	2									
PRINCIPAL SURGEON	2	5		378.56		75.71	.714		189.28		54.08
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		30.40		30.40	.143		30.40		4.34
RADIOLOGY	2	3		166.68		55.56	.429		83.34		23.81
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		12.00		6.00	.286		12.00		1.71
@PHARMACY	2	5	\$	767.02		153.40	.714	\$	383.51	\$	109.57
PRESCRIPTION DRUGS	2	5		767.02		153.40	.714		383.51		109.57
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	5		767.02		153.40	.714		383.51		109.57
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	22	\$	.00	\$	.00	3.143	\$	.00	\$	.00
VISITS - DIAGNOSTIC	2	11		.00		.00	1.571		.00		.00
ORAL SURGERY	1	2		.00		.00	.286		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		.00		.00	.143		.00		.00
RESTORATIVE DENTISTRY	1	8		.00		.00	1.143		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0				.00			.00		.00
#CALIF DEPT OF HEALTH SERV			IRES N								AGE 2,418
	FEE-FOR-SERVICE		JI(110 I			1011 01111 2	001 111110		2001		03/14/05
	SUMMARY OF SERV		SOC			AID CODE	83				03/11/03
DEE NOICIE COONTI	DOMINANT OF DERV	ICES FOR MIC	500				M	ONTI	HIY AVERA	GE :	
07 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	∆7/F⊑					_	
0. 1116111111111111111111111111111111111	CHECO	OR DAYS OF CAR		TWI TWDII OWES		UNIT/DAY					ELIGIBLE
@OPTOMETRIST	0		\$	.00			.000				.00
DIAGNOSTIC AND ANC. PROCED	0	0	Y	.00	7	.00	.000	Y	.00	7	.00
DIAGNOSTIC AND ANC. FINOCED	U	U		.00		.00	.000		.00		• 0 0

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000 \$	.00	
VISITS	0	0	ş		ې	.00	.000 \$	.00	.00
	0			.00			.000		
OTHER SERVICES	0	0	Ċ	.00	Ċ	.00		.00	.00
@PODIATRIST	· ·	ŭ	\$	.00	\$	.00	.000 \$	.00	
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000 \$		\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	11	53	\$	1,861.85	\$	35.13	7.571 \$	169.26	\$ 265.98
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	11	53						.00	265.98
HOSP OUTPATIENT TOTAL				1,861.85		35.13	7.571	169.26	
MEDICAL	6	8		430.90		53.86	1.143	71.82	61.56
SURGERY	2	2		96.81		48.41	.286	48.41	13.83
PATHOLOGY	4	19		271.13		14.27	2.714	67.78	38.73
RADIOLOGY	6	6		548.93		91.49	.857	91.49	78.42
ROOM USE	5	8		411.72		51.47	1.143	82.34	58.82
CROSSOVERS/ALL OTH OUTPTNT	4	10		102.36		10.24	1.429	25.59	14.62
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	Õ		.00		.00	.000	.00	.00
ROOM USE	0	ñ		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	ŭ	ES MONT		. P∩RT				PAGE 2,419
MOP024	FEE-FOR-SERVICE/DENTA		1.10111	TIT OF TATERDINE IND	-1 01/1	LOIL OAN	2001 1111(O DE)	2001	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES F		nc			AID CODE	83		03/14/03
DDD MOMITE COOMIT	COUNTY OF SHIVICES F	01/ 1110 9				TITO CODE	MONT	רעם שנזע איווי	F
07 FITCIBLES	HCEDC HNITTC	OF CEDUTCE		EADENDIMIDEC	7/2/12/2	DACE COCH	IINITTO / DAVO		_

		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	53	\$ 1,861.85	\$	35.13	7.571	\$ 169.26	\$	265.98
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	11	53	1,861.85		35.13	7.571	169.26		265.98
MEDICAL	6	8	430.90		53.86	1.143	71.82		61.56
SURGERY	2	2	96.81		48.41	.286	48.41		13.83
PATHOLOGY	4	19	271.13		14.27	2.714	67.78		38.73
RADIOLOGY	6	6	548.93		91.49	.857	91.49		78.42
ROOM USE	5	8	411.72		51.47	1.143	82.34		58.82
CROSSOVERS/ALL OTH OUTPINT	4	10	102.36		10.24	1.429	25.59		14.62
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00	1	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	1	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00	)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	1	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00	)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	.00	1	.00	.000		.00		.00
XO AND OTHERS	0	0	.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6 \$	458.57	\$	76.43	.857	\$	91.71	\$	65.51
CLINIC	0	0	.00	1	.00	.000		.00		.00
SURGICENTER	0	0	.00	1	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00	1	.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6	458.57	1	76.43	.857		91.71		65.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	PAC	GE 2,420
MOP024	FEE-FOR-SERVICE/DEN	ΓAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIC - SOC			AID CODE 83					
						M	ONTH	LY AVERA	GE	

07 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1 86 419.95 4.88 12.286 \$ 419.95 \$ 59.99 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 0 .00 BLOOD BANK .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 419.95 4.88 12.286 419.95 59.99 419.95 12.286 419.95 AMBULANCES/AIR TRANS 4.88 59.99 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .000 .00 PROSTHETICS .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS Ω .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 .00 .00 .000 \$ \$ .00 @XOVER EXCLUDING STATE HOSP\*\* .00 \$ .00 .000 \$ .00 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY I	NDIGENT - CHILDREN	I - TOTAL			~=
0 000					MON		
3,026 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	1,537	OR DAYS OF CARE	242 222 45	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,537	6,505 \$	348,328.47	\$ 53.55	2.150 \$		
@PHYSICIANS SERVICES	250 116	449 \$	16,312.89	\$ 36.33	.148 \$		
		161	6 <b>,</b> 079.77	37.76	.053	52.41	2.01
OFFICE VISITS	77	93	3,350.61	36.03	.031	43.51	1.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	23	1,079.65	46.94	.008	49.08	.36
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	31	1,226.36	39.56	.010	204.39	.41
OTHER OUTPATIENT	13	14	423.15	30.23	.005	32.55	.14
INPATIENT VISITS	8	16	718.40	44.90	.005	89.80	.24
HOSPITAL VISITS	8	16	718.40	44.90	.005	89.80	.24
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	243.54	40.59	.002	40.59	.08
EXAMINATIONS	6	6	243.54	40.59	.002	40.59	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10	1,302.59	130.26	.003	434.20	.43
PRINCIPAL SURGEON	2	2	1,089.00	544.50	.001	544.50	.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	213.59	26.70	.003	213.59	.07
OUTPATIENT SURGERY	20	34	2,238.99	65.85	.011	111.95	.74
PRINCIPAL SURGEON	19	25	2,062.32	82.49	.008	108.54	.68
		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	176.67	19.63	.003	176.67	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0 1 0 20 106	21	385.57	18.36	.007	19.28	.13
RADIOLOGY	106	149	3,678.23	24.69	.049	34.70	1.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	164.63	32.93	.002	54.88	.05
OTHER SERVICES/ALL X-OVERS	31	47	1,501.17	31.94	.016	48.42	.50
@PHARMACY	583	1,483 \$	74,174.40	\$ 50.02	.490 \$		
PRESCRIPTION DRUGS	583 579	1,403	73,762.34	57.76	.422	127.40	24.38
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	579	1,277	73,762.34	57.76	.422	127.40	24.38
MEDICAL SUPPLIES	5	206	412.06	2.00	.068	82.41	.14
@DENTIST	32	175 \$	4,920.50	\$ 28.12	.058 \$		
VISITS - DIAGNOSTIC	26	110	1,444.50	13.13	.036	55.56	.48
ORAL SURGERY	9	20	1,525.00	76.25	.007	169.44	.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.10
	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2			.001		.11
ENDODONTICS RESTORATIVE DENTISTRY	11	37	330.00 1,166.00	165.00 31.51	.012	165.00 106.00	
		0	,				.39
PROSTHETICS	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.04
MAXILLOFACIAL SERVICES	1	Ţ	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	FORT FOR JAN 2	2004 THRU DE	2004	PAGE 2,422

FEE-FOR-SERVICE/DENTAL

03/14/05

DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	NDIGENT - CHILDREN	_	TOTAL	7.47	NIM.	III	CE	
3 026 FITCIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7	ERAGE COST	MO			.GĽ	COST PER
3,026 ELIGIBLES	USEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY		>	USER		ELIGIBLE
@OPTOMETRIST	35	74	\$	1,654.54	\$	22.36	.024	Ċ	47.27	Ċ	.55
DIAGNOSTIC AND ANC. PROCED	20	21	۲	868.07	۲	41.34	.024	ې	43.40	۲	.29
EYE APPLIANCES	22	53		786.47		14.84	.018		35.75		.26
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.001	Ċ	16.72	Ċ	.01
VISITS	2	2	Y	33.44	Ÿ	16.72	.001	Ÿ	16.72	٧	.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	62.41	\$	62.41	.000	Ś	62.41	Ġ	.02
MEDICINE/INJECTIONS	1	1	۲	62.41	٧	62.41	.000	Y	62.41	Y	.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	Ś	74.86	\$	74.86		\$		\$	.02
NURSE ANESTHESIST	12	108	Š	1,936.94	\$	17.93		\$	161.41	\$	.64
NURSE MIDWIFE	5	20	Ś	1,216.45	\$	60.82		\$	243.29	\$	.40
PEDIATRIC NURSE PRACTITIONER		0	Š	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	420	2,399	Ś	140,110.14	Ś	58.40	.793		333.60	\$	46.30
HOSP INPATIENT TOTAL	13	44		72,406.81		1645.61	.015		5569.75		23.93
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	13	44		72,406.81		1645.61	.015		5569.75		23.93
ACCOMMODATIONS	13	44		26,538.35		603.14	.015		2041.41		8.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	44		26,538.35		603.14	.015		2041.41		8.77
ANCILLARIES	13	0		45,868.46		.00	.000		3528.34		15.16
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	415	2,355		67,703.33		28.75	.778		163.14		22.37
MEDICAL	169	254		14,022.29		55.21	.084		82.97		4.63
SURGERY	40	54		2,668.91		49.42	.018		66.72		.88
PATHOLOGY	179	750		9,362.08		12.48	.248		52.30		3.09
RADIOLOGY	123	176		9,464.53		53.78	.058		76.95		3.13
ROOM USE	269	395		14,339.80		36.30	.131		53.31		4.74
CROSSOVERS/ALL OTH OUTPTNT	205	726		17,845.72		24.58	.240		87.05		5.90
@COUNTY HOSPITAL TOTAL	1	2	\$	66.72	\$	33.36	.001	\$	66.72	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		66.72		33.36	.001		66.72		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		49.77		49.77	.000		49.77		.02

CROSSOVERS/ALL OTH OUTPTNT 1 1 16.95 16.95 .000 16.95 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,423

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

03/14/05

| Design | County | Summary OF Services FOR Moderative | Notices | ----- MONTHLY AVERAGE -----3,026 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,424 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

3,026 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	70	604 \$	8,939.56	\$ 14.80	.200 \$		\$ 2.95
DURABLE MED. EQUIP.	1	1	96.53	96.53	.000	96.53	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	254	4,280.58	16.85	.084	203.84	1.41
AMBULANCES/AIR TRANS	20	253	2,480.58	9.80	.084	124.03	.82
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.59
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.003	105.00	.35
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	321.97	7.85	.014	17.89	.11
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	97.66	48.83	.001	97.66	.03
PROSTHETICS	1	2	97.66	48.83	.001	97.66	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	12	510.52	42.54	.004	127.63	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	282	2,539.45	9.01	.093	181.39	.84
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	25	66 \$	4,291.05	\$ 65.02	.022 \$	171.64	\$ 1.42

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 2,425 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

DEL NORTE COUNTT	SOMMAKI OF SERVI	CES FOR MIA	10 500	AID FAID FENDI	NG AID CODE	MON'		GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 FILGIBLES	OSEKS	OR DAYS OF CARE		EVERNDIIOVE2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
GEORGI ALL DROUTDERS	0			.00	\$ .00			\$ .00
@TOTAL, ALL PROVIDERS	0	0	\$ \$		•	.000 \$		
@PHYSICIANS SERVICES	0	0	Ş	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	U	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	U	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	Ü	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	Ÿ	.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0						
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	Ü		.00	.00	.000	.00	.00

.00 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 0 0 .000 FRACTURES, DISLOCATIONS .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,426

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA	- NO SOC	: - AID PAID PEND.	ING	AID CODE		NT ITT	III V ATZEDA	C E	
OO ELICIBLES	HCEDC	INTEC OF CEDIA	TOR	EVDENDIBLEC	7/ 7/ 77	DACE COCH	MC			GĽ	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS	>			COST PER
@OPTOMETRIST	0	OR DAYS OF C		.00	PER \$	UNIT/DAY	PER ELIG	ċ	USER .00	\$	ELIGIBLE .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	Ą	.00	.000	Ą	.00	Ą	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	ć	.00	Ċ	.00	.000	<u>_</u>	.00	_	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	P	.00	\$	.00
VISITS	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0	ć	.00	Ċ	.00	.000	<u>_</u>	.00	_	.00
@PODIATRIST	0	~	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	U	0		.00		.00	.000		.00		.00
OTHER	U	0		.00		.00	.000	_	.00		.00
@HOME HEALTH AGENCY	0	0		.00	Ş	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	Ş	.00	Ş	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	. 0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 2,427
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SO	C - AID PAID PENDING	AID CODE	81		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$ .00 \$ .00 COMM HOSP INPATIENT TOTAL .00 0 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 MEDICAL .00 .000 .00 .00 SURGERY .00 .00 .00 .000 .00 .00 .00 .00 .000 PATHOLOGY .00 .00 .00 RADIOLOGY .00 .000 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 0 .00 \$ @STATE HOSPITAL .00 .00 .000 \$ .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 \$ .00 .00 ICF DDH 0 .00 .000 .00 .00 0 .00 ICF DD .00 .000 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$ .00 \$ .00 HOSPITAL BASED .00 .00 .000 .00 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY 0 .00 .00 .000 .00 \$ .00 .00 .00 .00 .000 .00 HOSPITAL BASED .00 INDEPENDENT FACILITY .00 .000 .00 .00 .000 .00 .00 \$ .00 \$ .00 **@LABORATORY FACILITY** .00 .00 .000 .00 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$ .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER 0 0 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,428 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

					MONI	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPAR	ATE INFORMATION ITEM	ONLY:		·		

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,429
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

						MON	THLY AVERA	GE
77 ELIGIBLES	USERS	UNITS OF SERVICE	$\equiv$	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	$\equiv$		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	162	1,173	\$	93,467.04	\$ 79.68	15.234 \$	576.96	\$ 1213.86
@PHYSICIANS SERVICES	45	104	\$	5,029.33	\$ 48.36	1.351 \$	111.76	\$ 65.32
OUTPATIENT VISITS	11	26		1,218.24	46.86	.338	110.75	15.82
OFFICE VISITS	3	5		235.80	47.16	.065	78.60	3.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		89.20	44.60	.026	44.60	1.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19		893.24	47.01	.247	148.87	11.60

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.000	.0	0	.00
INPATIENT VISITS	3	7	338.84	48.	.091	112.9	5	4.40
HOSPITAL VISITS	3	7	338.84	48.	.091	112.9	5	4.40
CRITICAL CARE	0	0	.00		.000	.0	0	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.000	.0	0	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000	.0	0	.00
EXAMINATIONS	0	0	.00		.000	.0	0	.00
SERVICES AND MATERIALS	0	0	.00		.000	.0	0	.00
INPATIENT HOSPITAL SURGERY	6	22	1,206.46	54.	.286	201.0	8	15.67
PRINCIPAL SURGEON	1	1	544.28	544.	.013	544.2	8	7.07
ASSISTANT SURGEON	1	1	186.50	186.	.013	186.5	0	2.42
ANESTHESIOLOGIST	4	20	475.68	23.	78 .260	118.9	2	6.18
OUTPATIENT SURGERY	5	6	766.38	127.	.078	153.2	8	9.95
PRINCIPAL SURGEON	5	6	766.38	127.	.078	153.2	8	9.95
ASSISTANT SURGEON	0	0	.00		.000	.0	0	.00
ANESTHESIOLOGIST	0	0	.00		.000	.0	0	.00
DIALYSIS	0	0	.00		.000	.0		.00
PATHOLOGY	3	6	120.82	20.		40.2		1.57
RADIOLOGY	31	34	1,304.75	38.	.442	42.0	9	16.94
PSYCHIATRY	0	0	.00		.000	.0	0	.00
IMMUNIZATION AND INJECTION	0	0	.00		.000	.0		.00
OTHER SERVICES/ALL X-OVERS	1	3	73.84	24.		73.8	4	.96
@PHARMACY	42	106	\$ 5,887.00	\$ 55.	1.377	\$ 140.1	7 \$	76.45
PRESCRIPTION DRUGS	42	106	5,887.00	55.	1.377	140.1	7	76.45
SNF/ICF	0	0	.00		.000	.0		.00
OUTPATIENTS	42	106	5,887.00	55.	1.377			76.45
MEDICAL SUPPLIES	0	0	.00		.000	.0		.00
@DENTIST	1	1	\$ 25.00	\$ 25.		•		.32
VISITS - DIAGNOSTIC	1	1	25.00	25.	.013	25.0	0	.32
ORAL SURGERY	0	0	.00		.000	.0	0	.00
DRUGS	0	0	.00		.000	.0	0	.00
ANESTHESIA	0	0	.00		.000	.0	0	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DEC	2004	PAGE 2,430
MOP024	FEE-FOR-SERVICE/DENTAI						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO SO	C - PREGNANT	AID CODE	86		
					MONTI	HLY AVERAG	E

						M		GΕ	
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$ 82.29	\$	20.57	.052	\$ 82.29	\$	1.07
DIAGNOSTIC AND ANC. PROCED	1	1	39.44		39.44	.013	39.44		.51
EYE APPLIANCES	1	3	42.85		14.28	.039	42.85		.56
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	1	3 0	\$ 627.85	\$	209.28	.039	\$ 627.85	\$	8.15
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	94	634	\$ 64,291.13	\$	101.41	8.234	\$ 683.95	\$	834.95
HOSP INPATIENT TOTAL	8	38	46,781.65		1231.10	.494	5847.71		607.55
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	8	38	46,781.65		1231.10	.494	5847.71		607.55
ACCOMMODATIONS	8	38	23,518.28		618.90	.494	2939.79		305.43
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	8	38	23,518.28		618.90	.494	2939.79		305.43
ANCILLARIES	8	0	23,263.37		.00	.000	2907.92		302.12
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	90	596	17,509.48		29.38	7.740	194.55		227.40
MEDICAL	16	22	1,182.32		53.74	.286	73.90		15.35
SURGERY	6	12	538.64		44.89	.156	89.77		7.00
PATHOLOGY	32	179	2,468.82		13.79	2.325	77.15		32.06
RADIOLOGY	30	33	2,531.44		76.71	.429	84.38		32.88
ROOM USE	58	125	3,924.84		31.40	1.623	67.67		50.97
CROSSOVERS/ALL OTH OUTPTNT	49	225	6,863.42		30.50	2.922	140.07		89.14
@COUNTY HOSPITAL TOTAL	4	34	\$ 1,054.00	\$	31.00	.442	\$ 263.50	\$	13.69
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00

	•				0.0		0.0	0.00		0.0		0.0
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4		34		1,054.00		31.00	.442		263.50		13.69
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	2		4		120.42		30.11	.052		60.21		1.56
PATHOLOGY	2		12		257.76		21.48	.156		128.88		3.35
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		8		517.78		64.72	.104		258.89		6.72
CROSSOVERS/ALL OTH OUTPTNT	4		10		158.04		15.80	.130		39.51		2.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXP	ENDITU	RES MON'	TH-OF-PAYMENT R	EPOR:	r for jan 2	2004 THRU	DEC	2004	Р	AGE 2,431
MOP024	FEE-FOR-SERVICE	E/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR I	MIA -	NO SOC	- PREGNANT		AID CODE	86				
								M	CNT	HLY AVERA	.GE	
77 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	RΕ		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	90		600	\$	63,237.13	\$	105.40	7.792	\$	702.63	\$	821.26
COMM HOSP INPATIENT TOTAL	8		38		46,781.65		1231.10	.494		5847.71		607.55
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	8		38		46,781.65		1231.10	.494		5847.71		607.55
ACCOMMODATIONS	8		38		23,518.28		618.90	.494		2939.79		305.43
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8		38		23,518.28		618.90	.494		2939.79		305.43
ANCILLARIES	8		0		23,263.37		.00	.000		2907.92		302.12
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	86		562		16,455.48		29.28	7.299		191.34		213.71
MEDICAL	16		22		1,182.32		53.74	.286		73.90		15.35
SURGERY	4				418.22		52.28	.104		104.56		5.43
PATHOLOGY	30		167		2,211.06		13.24	2.169		73.70		28.72
RADIOLOGY	30		33		2,531.44		76.71	.429		84.38		32.88
ROOM USE	56		117		3,407.06		29.12	1.519		60.84		44.25
CROSSOVERS/ALL OTH OUTPTNT			215		6,705.38		31.19	2.792		149.01		87.08
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0		0	т	.00	-	.00	.000	т.	.00	т	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	Ś	.00	\$	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0		0	т	.00	-	.00	.000	т.	.00	т	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	S	.00
TOE DOU	0		0	Y	.00	Y	.00	.000	Y	.00	Y	.00

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ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	56 \$	1,087.38	\$ 19.42	.727 \$	67.96	\$ 14.12
PATHOLOGY	16	56	1,087.38	19.42	.727	67.96	14.12
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	55	140 \$	13,055.68	\$ 93.25	1.818 \$	237.38	\$ 169.55
CLINIC	3	31	1,120.24	36.14	.403	373.41	14.55
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	53	109	11,935.44	109.50	1.416	225.20	155.01
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DE	AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 2,432 03/14/05
DEL NORTE COUNTY		S FOR MIA - NO SO	C - DRECNANT	AID CODE	86		03/14/03
DDE NOICIE COONTI	BOTH HILL OF BEHAVIOR	1010 HIII NO 500		MID CODE	MON	THLY AVERA	GE
77 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
77 1111011110		R DAYS OF CARE	EMI ENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	125 \$	3,381.38	\$ 27.05	1.623 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	115	2,621.73	22.80	1.494	873.91	34.05
AMBULANCES/AIR TRANS	3	114	1,346.73	11.81	1.481	448.91	17.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.013	1275.00	16.56
ACUPUNCTURE	Û	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.091	105.00	9.55
IHMC, MODEL-NF, NF, AIDS, MSSP	ņ	Ô	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.026	16.64	.22
PHYSICAL THERAPIST	Û	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.013	8.01	.10
TILL STILLIN TINGVIDLING	<u>+</u>		0.01	. 0.01	• 0 ± 0	0.01	• ± ∨

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

0

@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\*

.00

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						MO	NTHLY AVERA	GΕ	
77 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER 1	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	162	1,173	\$ 93,467.04	\$	79.68	15.234	\$ 576.96	\$	1213.86
@PHYSICIANS SERVICES	45	104	\$ 5,029.33	\$	48.36	1.351	111.76	\$	65.32

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,433
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	11	26		1,218.24		46.86	.338	110.7	5	15.82
OFFICE VISITS	3	5		235.80		47.16	.065	78.6		3.06
HOME VISITS	0	0		.00		.00	.000	.0.0		.00
EMERGENCY ROOM	2	2		89.20		44.60	.026	44.6		1.16
PREVENTIVE CARE	0	0		.00		.00	.000	).		.00
OB VISITS/COMPRE PERI	6	19		893.24		47.01	.247	148.8		11.60
OTHER OUTPATIENT	0	0		.00		.00	.000	140.0		.00
	3	7		338.84						
INPATIENT VISITS	3	7				48.41	.091	112.9		4.40
HOSPITAL VISITS	3	•		338.84		48.41	.091	112.9		4.40
CRITICAL CARE	U	0		.00		.00	.000	. 0		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	. 0		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	. 0		.00
EXAMINATIONS	0	0		.00		.00	.000	. 0		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	. 0		.00
INPATIENT HOSPITAL SURGERY	6	22		1,206.46		54.84	.286	201.0		15.67
PRINCIPAL SURGEON	1	1		544.28		44.28	.013	544.2	8	7.07
ASSISTANT SURGEON	1	1		186.50		86.50	.013	186.5	0	2.42
ANESTHESIOLOGIST	4	20		475.68		23.78	.260	118.9		6.18
OUTPATIENT SURGERY	5	6		766.38	1	27.73	.078	153.2	8	9.95
PRINCIPAL SURGEON	5	6		766.38	1	27.73	.078	153.2	8	9.95
ASSISTANT SURGEON	0	0		.00		.00	.000	.0	0	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.0	0	.00
DIALYSIS	0	0		.00		.00	.000	.0	0	.00
PATHOLOGY	3	6		120.82		20.14	.078	40.2		1.57
RADIOLOGY	31	34		1,304.75		38.38	.442	42.0		16.94
PSYCHIATRY	0	0		.00		.00	.000	. 0		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	. 0		.00
OTHER SERVICES/ALL X-OVERS	1	3		73.84		24.61	.039	73.8		.96
@PHARMACY	42	106	\$	5,887.00		55.54	1.377			
PRESCRIPTION DRUGS	42	106	Y	5,887.00		55.54	1.377	140.1		76.45
SNF/ICF	0	0		.00		.00	.000	140.1		.00
OUTPATIENTS	42	106		5,887.00		55.54	1.377	140.1		76.45
MEDICAL SUPPLIES	0	0		.00		.00	.000	140.1		.00
@DENTIST	1	1	\$	25.00	\$	25.00	.013		0 \$	
-	1	1	Ą	25.00				25.0		
VISITS - DIAGNOSTIC	0	0				25.00	.013			.32
ORAL SURGERY	0	0		.00		.00	.000	.0		.00
DRUGS	-	-		.00		.00	.000	. 0		.00
ANESTHESIA	0	0		.00		.00	.000	. 0		.00
PERIODONTICS	0	0		.00		.00	.000	. 0		.00
ENDODONTICS	0	0		.00		.00	.000	. 0		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	. 0		.00
PROSTHETICS	0	0		.00		.00	.000	. 0		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.0		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	. 0		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.0		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	. 0	0	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	. 0	0	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPORT F	OR JAN 2	2004 THRU D	DEC 2004		PAGE 2,434
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO SO	C - TOTAL						
							MC	NTHLY AVE	RAGE	
77 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PE	lR.	COST PER
		OR DAYS OF CAR	E		PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	82.29	\$	20.57	.052	\$ 82.2	9 \$	1.07
DIAGNOSTIC AND ANC. PROCED	1	1		39.44		39.44				.51

EYE APPLIANCES	1	3	42.85	14.28	.039	42.85	.56
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	1	3	\$ 627.85	\$ 209.28	.039	\$ 627.85	\$ 8.15
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	94	634	\$ ,	\$ 101.41	8.234	\$ 	\$ 834.95
HOSP INPATIENT TOTAL	8	38	46,781.65	1231.10	.494	5847.71	607.55
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	8	38	46,781.65	1231.10	.494	5847.71	607.55
ACCOMMODATIONS	8	38	23,518.28	618.90	.494	2939.79	305.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	38	23,518.28	618.90	.494	2939.79	305.43
ANCILLARIES	8	0	23,263.37	.00	.000	2907.92	302.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	596	17,509.48	29.38	7.740	194.55	227.40
MEDICAL	16	22	1,182.32	53.74	.286	73.90	15.35
SURGERY	6	12	538.64	44.89	.156	89.77	7.00
PATHOLOGY	32	179	2,468.82	13.79	2.325	77.15	32.06
RADIOLOGY	30	33	2,531.44	76.71	.429	84.38	32.88
ROOM USE	58	125	3,924.84	31.40	1.623	67.67	50.97

CROSSOVERS/ALL OTH OUTPINT	49	225	6,	863.42		30.50	2.922	140.07	8.9	.14
@COUNTY HOSPITAL TOTAL	4	34	\$ 1,	054.00	\$	31.00	.442	\$ 263.50	\$ 13	.69
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	34	1,	054.00		31.00	.442	263.50	13	.69
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	2	4		120.42		30.11	.052	60.21	1	.56
PATHOLOGY	2	12		257.76		21.48	.156	128.88	3	.35
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	2	8		517.78		64.72	.104	258.89	6	.72
CROSSOVERS/ALL OTH OUTPTNT	4	10		158.04		15.80	.130	39.51	2	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF-PA	YMENT F	REPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE	2,435
MOP024	FEE-FOR-SERVICE/DENTAL								03/	14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MIA - NO	SOC - TOTAL							

----- MONTHLY AVERAGE -----77 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 600 \$ 63,237.13 \$ 105.40 7.792 \$ 702.63 \$ 821.26 38 46,781.65 1231.10 .494 5847.71 607.55 0 .00 .00 .000 .00 .00 38 46,781.65 1231.10 .494 5847.71 607.55 @COMMUNITY HOSPITAL TOTAL 90 8 0 8 8 0 0 8 8 COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL 36 38 0 0 38 ACCOMMODATIONS 305.43 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 305.43 ANCILLARIES 302.12 0 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 .00 16,455.48 29.28 7.299 1,182.32 53.74 .286 7.299 191.34 .286 73.90 562 213.71 COMM HOSP OUTPATIENT TOTAL 86 16 22 15.35 MEDICAL 30 30 .104 104.56 418.22 5.43 4 8 52.28 SURGERY 167 2,211.06 13.24 2.169 73.70 PATHOLOGY 28.72 30 33 76.71 .429 84.38 RADIOLOGY 2,531.44 117 215 56 3,407.06 29.12 1.519 60.84 ROOM USE 44.25 6,705.38 31.19 2.792 149.01 45 CROSSOVERS/ALL OTH OUTPTNT 87.08 .000 \$ 0 0 .00 \$ .00 \$ @STATE HOSPITAL .00 .00 MENTALLY ILL Ω 0 .00 .000 .00 .00 0 .00 .000 DEVELOP. DISABLED .00 . 00 .00 \$ .00 .000 \$ .00 \$ @NURSING FACILITY .00 .00 LEV A-INTERMEDIATE .00 .000 .00 .00 .00 .000 .00 LEV B-REHAB MD . 00 .00 .00 .00 .000 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE .00 . 00 .00 .00 .000 .00 LEV B-REGULAR .00 \$ 0 0 @INTERMEDIATE CARE FACIL.-DD .00 .000 \$ .00 \$ .00 .00 0 .00 ICF DDH 0 .00 .000 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	56	\$	1,087.38	\$	19.42	.727	\$	67.96	\$	14.12
PATHOLOGY	16	56		1,087.38		19.42	.727		67.96		14.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	55	140	\$	13,055.68	\$	93.25	1.818	\$	237.38	\$	169.55
CLINIC	3	31		1,120.24		36.14	.403		373.41		14.55
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	53	109		11,935.44		109.50	1.416		225.20		155.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES M	IONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P.	AGE 2,436
MOP024	FEE-FOR-SERVICE/DENTA	L									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MIA -	NO SO	C - TOTAL							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 77 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 12 125 3,381.38 27.05 1.623 \$ 281.78 \$ 43.91 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 115 2,621.73 22.80 1.494 873.91 34.05 448.91 AMBULANCES/AIR TRANS 114 1,346.73 11.81 1.481 17.49 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 1,275.00 1275.00 .013 1275.00 16.56 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 GENETIC DISEASE TESTING 735.00 105.00 .091 105.00 9.55 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 16.64 8.32 OPTICIAN .026 16.64 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 1 8.01 8.01 .013 8.01 .10 @CALIF. CHILDREN SERVICES\* \$ .00 .00 \$ .00 .000 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 \$ .00 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC - I	TC	AID CODE	53		
					MON	THLY AVERA	GE
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
2, 211012220	05210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	579 \$	46,469.25	\$ 80.26	21.444 \$		\$ 1721.08
@PHYSICIANS SERVICES	8	12 \$	320.60	\$ 26.72	.444 \$	40.08	\$ 11.87
-							·
OUTPATIENT VISITS	1	1	18.10	18.10	.037	18.10	.67
OFFICE VISITS	1	1	18.10	18.10	.037	18.10	.67
HOME VISITS	Ü	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	11	302.50	27.50	.407	43.21	11.20
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11	302.50	27.50	.407	43.21	11.20
OPHTHALMOLOGICAL SERVICES	,	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0					
SERVICES AND MATERIALS	U		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	Ü	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
PSYCHIATRY	•	g .	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	15	102 \$	7,864.84	\$ 77.11	3.778 \$		
PRESCRIPTION DRUGS	15	102	7,864.84	77.11	3.778	524.32	291.29
SNF/ICF	12	91	7,488.79	82.29	3.370	624.07	277.36
OUTPATIENTS	3	11	376.05	34.19	.407	125.35	13.93
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0					
PERIODONTICS	U	U	.00	.00	.000	.00	.00
ENDODONTICS	Ü	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	-	CES AND EXPENDITURES MON					PAGE 2,438
MODOSA	MEDI-CAL SERVIC		III OF FAIRENT KI	TIONI PON UAN 2	TOO4 THEO DE	J 2009	02/11/05

DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	MIA - SC	)C	LTC	AID CODE		0.TTT		<b>C</b> E	
						 	M				
27 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		UNITS/DAY				COST PER
		OR DAYS	OF CARE				PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		4	\$	100.56	\$ 25.14	.148	Ş	100.56	Ş	3.72
DIAGNOSTIC AND ANC. PROCED	1		1		47.45	47.45	.037		47.45		1.76
EYE APPLIANCES	1		3		53.11	17.70	.111		53.11		1.97
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$ .00	.000	\$		\$	.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	15		59	\$	1,038.72	\$ 17.61	2.185		69.25	\$	38.47
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0 0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15		59		1,038.72	17.61	2.185		69.25		38.47
MEDICAL	3		4		344.46	86.12	.148		114.82		12.76
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	14		51		579.62	11.37	1.889		41.40		21.47
RADIOLOGY	2		2		45.08	22.54	.074		22.54		1.67
ROOM USE	2		2		69.56	34.78	.074		34.78		2.58
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00	·	.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		Ö		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ô		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ő		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Õ		.00	.00	.000		.00		.00
MEDICAL	0		Õ		.00	.00	.000		.00		.00
SURGERY	0		Ô		.00	.00	.000		.00		.00
PATHOLOGY	0		Õ		.00	.00	.000		.00		.00
RADIOLOGY	Ö		0		.00	.00	.000		.00		.00
ROOM USE	Ö		0		.00	.00	.000		.00		.00
	3		•		• • •	• • •	• • • •		• • •		• • • •

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

							MC	NTHLY AVERA	AGE -	
27 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CA	ARE		PEF	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	59	\$	1,038.72	\$	17.61	2.185	\$ 69.25	\$	38.47
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	15	59		1,038.72		17.61	2.185	69.25		38.47
MEDICAL	3	4		344.46		86.12	.148	114.82		12.76
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	14	51		579.62		11.37	1.889	41.40		21.47
RADIOLOGY	2	2		45.08		22.54	.074	22.54		1.67
ROOM USE	2	2		69.56		34.78	.074	34.78		2.58
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000		\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	12	366	\$	36,643.34	\$	100.12	13.556	\$ 3053.61	\$	1357.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	366		36,643.34		100.12	13.556		3053.61		1357.16
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	109.96	\$	109.96	.037	\$	109.96	\$	4.07
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		109.96		109.96	.037		109.96		4.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES M	IONTH-OF-PAYMENT REF	PORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 2,440
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MIA - S	SOC -	LTC		AID COD	E 53				
							M	ONT	HLY AVERA	GΕ	

----- MONTHLY AVERAGE -----27 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 35 \$ \$ 11.18 1.296 \$ 55.89 \$ 14.49 @ALL OTHER PROVIDERS 391.23 0 0 .00 .00 .00 DURABLE MED. EQUIP. .000 .00 .00 .00 0 .00 BLOOD BANK .000 .00 .00 .00 .000 365.15 11.07 1.222 .00 0 HEARING AID DISPENSERS .00 33 MEDICAL TRANSPORTATION 60.86 13.52 .259 .926 7 139.50 19.93 AMBULANCES/AIR TRANS 69.75 5.17 8.63 OTHER TRANS 215.77 53.94 7.99 9.88 9.88 9.88 .037 .37 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 13.04 26.08 .074 26.08 .97 OPTICIAN .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .000 .00 .00 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 0 .00 .00 ALL OTHER PROVIDERS .000 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,441 MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

DEL NORTE COUNTI	SOMMAKI OF SERV	ICES FOR MIA SOC	FILGNANI	AID CODE	0 /		_
00 51 10151 50					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_	_	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
RADIOLOGY PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0					
IMMUNIZATION AND INJECTION	0	· ·	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0 0 \$	.00	.00	.000	.00	.00
@PHARMACY	0		.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	•	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

.00 .00 MAXILLOFACIAL SERVICES 0 .00 .000 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,442

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT ATD CODE 87

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA - :	SOC -	- PREGNANT		AID CODE	87				
							MC				
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE		UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	Ε		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	Ś	.00	Ś	.00	.000		.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	τ	.00	τ	.00	.000	Τ.	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	•	0	Ÿ	.00	Ÿ	.00	.000	٧	.00	Ÿ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	U	U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	DEC 2004	PAGE 2,443
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE	87		

DEE NORTE COONTI	SOMMAN OF SERV	ICES FOR	MIA 5	00	TREGNANT	1	AID CODE	MC	חחת	IT V 7/17 D7/	~F	
00 ELIGIBLES	USERS	UNITS OF	CEDVICE		EXPENDITURES	7 (1ED	ACE COST	UNITS/DAYS			_	COST PER
00 EHIGIBLES	OSEKS	OR DAYS	-		EXFENDITORES			PER ELIG	, (	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OK DAIS	0 CARE	\$	.00	\$	.00	.000	Ċ		\$	.00
COMM HOSP INPATIENT TOTAL	0		0	ې	.00	Ÿ	.00	.000	ې	.00	۲	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		
NON-HSC HOSPITALS TOTAL	0		0				.00	.000				.00
ACCOMMODATIONS	0		0		.00		.00			.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U		0		.00		.00	.000		.00		.00
ANCILLARIES	U		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00		\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00		\$	.00	\$	.00
HOSPITAL BASED	0		0		.00	·	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00		\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00	•	.00
XO AND OTHERS	0		Ö		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00		\$	.00	\$	.00
CLINIC	0		0	т	.00	т.	.00	.000	r	.00	т	.00
~· <del>*</del> ~	9		Ü		• 0 0		• • •	• • • •		• • •		• • • •

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 2,444
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR MIA - SOC	- PREGNANT	AID CODE 87			

DEL NONIE COUNTI	DOMINANT OF DERVI	CED FOR MIN DOC	LINDGIVANI	AID CODE	0 /		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

 $<sup>\</sup>ensuremath{\text{@}}\star$  totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,445
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	TOTAL					
.=			_				ONTHLY AVERA		
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21	579	\$	46,469.25	\$ 80.26	21.444			1721.08
@PHYSICIANS SERVICES	8	12	\$	320.60	\$ 26.72	. 444	•	\$	11.87
OUTPATIENT VISITS	1	1		18.10	18.10	.037	18.10		.67
OFFICE VISITS	1	1		18.10	18.10	.037	18.10		.67
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	7	11		302.50	27.50	.407	43.21		11.20
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	7	11		302.50	27.50	.407	43.21		11.20
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	15	102	\$	7,864.84	\$ 77.11	3.778		\$	291.29
PRESCRIPTION DRUGS	15	102	·	7,864.84	77.11	3.778	524.32	•	291.29
SNF/ICF	12	91		7,488.79	82.29	3.370	624.07		277.36
OUTPATIENTS	3	11		376.05	34.19	.407	125.35		13.93
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000		Ś	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
111.2011110111	O	V		.00	. 5 0	• 0 0 0	.00		• 0 0

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 2,446
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----27 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 1 100.56 25.14 .148 \$ 100.56 \$ 3.72 DIAGNOSTIC AND ANC. PROCED 1 1 47.45 47.45 .037 47.45 1.76 3 EYE APPLIANCES 53.11 17.70 .111 53.11 1.97 0 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 @PODIATRIST .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .00 .000 0 OTHER .00 .00 .000 .00 .00 0 .00 .00 .00 @HOME HEALTH AGENCY .000 .00 0 NURSE ANESTHESIST .00 .00 .000 .00 .00 0 .00 .00 NURSE MIDWIFE .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 1,038.72 2.185 69.25 @TOTAL HOSPITAL 59 17.61 38.47 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM 0 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 59 HOSP OUTPATIENT TOTAL 15 1,038.72 17.61 2.185 69.25 38.47 3 MEDICAL 344.46 86.12 .148 114.82 12.76 SURGERY 0 .00 .00 .000 .00 .00 14 51 579.62 11.37 1.889 PATHOLOGY 41.40 21.47 RADIOLOGY 45.08 22.54 .074 22.54 1.67 69.56 34.78 34.78 2.58 ROOM USE .074 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 HSC HOSPITALS .000 .00 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	$\cap$	Λ	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	-	-					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 2,447
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

47 05

						M	ONT	HLY AVERA	GE	
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	59	\$ 1,038.72	\$	17.61	2.185	\$	69.25	\$	38.47
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	15	59	1,038.72		17.61	2.185		69.25		38.47
MEDICAL	3	4	344.46		86.12	.148		114.82		12.76
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	14	51	579.62		11.37	1.889		41.40		21.47
RADIOLOGY	2	2	45.08		22.54	.074		22.54		1.67
ROOM USE	2	2	69.56		34.78	.074		34.78		2.58
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	12	366	\$ 36,643.34	\$	100.12	13.556	\$	3053.61	\$	1357.16
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	12	366	36,643.34		100.12	13.556		3053.61		1357.16
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$	.00		.00		\$ .00	\$	.00
PATHOLOGY	0	0	.00		.00	.000	.00	·	.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1 \$	109.96	\$	109.96	.037	\$ 109.96	\$	4.07
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1	109.96		109.96	.037	109.96		4.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	004 THRU I	DEC 2004	PAG:	E 2,448
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	R MIA - SOC	- TOTAL						
						MC	ONTHLY AVERA	GE	
07 DITCIDIDO	HODDO INTEG	D ODDITION		70 7 7 777	DAGE GOOM	TTATE CO / DA 370	A GOOM DED	00	OH DHD

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	35 \$	391.23	\$ 11.18	1.296 \$	55.89	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	33	365.15	11.07	1.222	60.86	13.52
AMBULANCES/AIR TRANS	2	7	139.50	19.93	.259	69.75	5.17
OTHER TRANS	4	25	215.77	8.63	.926	53.94	7.99
OTHER SERVICES	1	1	9.88	9.88	.037	9.88	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.074	26.08	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,449
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 2,450
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE	USE				
					MON'	THLY AVERAGI	E

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	.GE	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 01120		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000		.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE	2,451
MOP024	FEE-FOR-SERVICE/DENTAL						03	/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE					
					M	ONTHLY AVERA	GE	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2	004 THRU	DEC	2004	PAGE	2,452
MOP024	FEE-FOR-SERVICE/DENT.	AL								(	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR FOR FUT	URE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$	.00	.000	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00	.00
BLOOD BANK	0	0	.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00	.00
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	0	0	.00		.00	.000	.00	.00
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$	.00	.000	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY I	NDIGENT - ADULTS -	- TOTAL			
104					MON'		
104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	183	OR DAYS OF CARE	100 006 00	PER UNIT/DAY		USER	ELIGIBLE
- •		1,752 \$	139,936.29	\$ 79.87	16.846 \$		\$ 1345.54
@PHYSICIANS SERVICES	53 12	116 \$	5,349.93	\$ 46.12	1.115 \$		•
OUTPATIENT VISITS		27	1,236.34	45.79	.260	103.03	11.89
OFFICE VISITS	4	6	253.90	42.32	.058	63.48	2.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.019	44.60	.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	19	893.24	47.01	.183	148.87	8.59
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	18	641.34	35.63	.173	64.13	6.17
HOSPITAL VISITS	3	7	338.84	48.41	.067	112.95	3.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	11	302.50	27.50	.106	43.21	2.91
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	22	1,206.46	54.84	.212	201.08	11.60
PRINCIPAL SURGEON	1	1	544.28	544.28	.010	544.28	5.23
ASSISTANT SURGEON	1	1	186.50	186.50	.010	186.50	1.79
ANESTHESIOLOGIST	4	20	475.68	23.78	.192	118.92	4.57
OUTPATIENT SURGERY	5	6	766.38	127.73	.058	153.28	7.37
PRINCIPAL SURGEON	5	6	766.38	127.73	.058	153.28	7.37
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	120.82	20.14	.058	40.27	1.16
RADIOLOGY	31	34	1,304.75	38.38	.327	42.09	12.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	73.84	24.61	.029	73.84	.71
@PHARMACY	57	208 \$		\$ 66.11	2.000 \$		
PRESCRIPTION DRUGS	57 57	208	13,751.84	66.11	2.000	241.26	132.23
SNF/ICF	12	91	7,488.79	82.29	.875	624.07	72.01
OUTPATIENTS	45	117	6,263.05	53.53	1.125	139.18	60.22
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.010 \$		
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.010	25.00	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ENDODONTICS RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
	•						
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	SPORT FOR JAN 2	ZUU4 THRU DE	∠ ∠004	PAGE 2,454

FEE-FOR-SERVICE/DENTAL

03/14/05

DEE NORTE COORT	DOMINANT OF DERV	VICED FOR	HIDICALL	I INDIO.	DNI ADODIS	10	IVI					
								M	ГИC	HLY AVERA	.GE	
104 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		8	\$	182.85	\$	22.86	.077	\$	91.43	\$	1.76
DIAGNOSTIC AND ANC. PROCED	2		2		86.89		43.45	.019		43.45		.84
EYE APPLIANCES	2		6		95.96		15.99	.058		47.98		.92
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1		3	\$	627.85	\$	209.28	.029	\$	627.85	\$	6.04
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	109		693	\$	65 <b>,</b> 329.85	\$	94.27	6.663	\$	599.36	\$	628.17
HOSP INPATIENT TOTAL	8		38		46,781.65		1231.10	.365		5847.71		449.82
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	8		38		46 <b>,</b> 781.65		1231.10	.365		5847.71		449.82
ACCOMMODATIONS	8		38		23,518.28		618.90	.365		2939.79		226.14
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8		38		23,518.28		618.90	.365		2939.79		226.14
ANCILLARIES	8		0		23,263.37		.00	.000		2907.92		223.69
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	105	655	1	8,548.20		28.32	6.298		176.65		178.35
MEDICAL	19	26		1,526.78		58.72	.250		80.36		14.68
SURGERY	6	12		538.64		44.89	.115		89.77		5.18
PATHOLOGY	46	230		3,048.44		13.25	2.212		66.27		29.31
RADIOLOGY	32	35		2,576.52		73.61	.337		80.52		24.77
ROOM USE	60	127		3,994.40		31.45	1.221		66.57		38.41
CROSSOVERS/ALL OTH OUTPINT	49	225		6,863.42		30.50	2.163		140.07		65.99
@COUNTY HOSPITAL TOTAL	4	34	\$	1,054.00	\$	31.00	.327	\$	263.50	\$	10.13
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	34		1,054.00		31.00	.327		263.50		10.13
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	2	4		120.42		30.11	.038		60.21		1.16
PATHOLOGY	2	12		257.76		21.48	.115		128.88		2.48
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	8		517.78		64.72	.077		258.89		4.98
CROSSOVERS/ALL OTH OUTPTNT	4	10		158.04		15.80	.096		39.51		1.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 2,455
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDICALI	Y INDIGENT	- ADULTS	- TOTA	L					

DEL NORTE COONTI	DOMMANT OF DER	VICED FOR	MEDICAL.	шт т	INDIGINI	Арошіо	IOIAL						
											HLY AVERA		
104 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPE	NDITURES	AVERAG	E COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS	OF CARE					IIT/DAY	PER ELIC	j	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	105		659	\$	64	4,275.85	\$ 9	7.54	6.337	\$	612.15	\$	618.04
COMM HOSP INPATIENT TOTAL	8		38		4 6	6,781.65	123	31.10	.365		5847.71		449.82
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	8		38		4 6	6,781.65	123	31.10	.365		5847.71		449.82
ACCOMMODATIONS	8		38		23	3,518.28	61	8.90	.365		2939.79		226.14
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	8		38		23	3,518.28	61	8.90	.365		2939.79		226.14
ANCILLARIES	8		0		23	3,263.37		.00	.000		2907.92		223.69
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	101		621		17	7,494.20	2	28.17	5.971		173.21		168.21
MEDICAL	19		26		1	l,526.78	5	8.72	.250		80.36		14.68
SURGERY	4		8			418.22	5	2.28	.077		104.56		4.02
PATHOLOGY	44		218		2	2,790.68	1	2.80	2.096		63.42		26.83
RADIOLOGY	32		35		2	2,576.52	7	3.61	.337		80.52		24.77
ROOM USE	58		119		3	3,476.62	2	29.22	1.144		59.94		33.43
CROSSOVERS/ALL OTH OUTPTNT	45		215		6	6 <b>,</b> 705.38	3	31.19	2.067		149.01		64.47
@STATE HOSPITAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	12		366	\$	36	6,643.34	\$ 10	0.12	3.519	\$	3053.61	\$	352.34
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	366		36,643.34		100.12	3.519		3053.61		352.34
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	56	\$	1,087.38	\$	19.42	.538	\$	67.96	\$	10.46
PATHOLOGY	16	56		1,087.38		19.42	.538		67.96		10.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	56	141	\$	13,165.64	\$	93.37	1.356	\$	235.10	\$	126.59
CLINIC	3	31		1,120.24		36.14	.298		373.41		10.77
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	54	110		12,045.40		109.50	1.058		223.06		115.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES	MONTH-OF-PAYMENT R	EPORT	' FOR JAN	2004 THRU	DEC	2004	P7	AGE 2,456
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	MEDICA	LLY	INDIGENT - ADULTS	- TOT	'AL					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 104 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,772.61 23.58 1.538 \$ 198.56 \$ @ALL OTHER PROVIDERS 19 160 \$ 36.28 0 0 .00 .00 .000 .00 DURABLE MED. EQUIP. .00 .00 .00 0 0 .00 BLOOD BANK .000 .00 .00 0 .00 HEARING AID DISPENSERS .00 .000 .00 331.88 MEDICAL TRANSPORTATION 148 2,986.88 20.18 1.423 28.72 121 12.28 297.25 AMBULANCES/AIR TRANS 1,486.23 1.163 14.29 25 .240 OTHER TRANS 215.77 8.63 53.94 2.07 1,284.88 642.44 642.44 OTHER SERVICES .019 12.35 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 735.00 105.00 .067 105.00 7.07 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 42.72 10.68 .038 21.36 .41 OPTICIAN .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .00 .000 . 00 .00 .00 .000 .00 PSYCHOLOGIST .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 . 00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 8.01 1 8.01 8.01 ALL OTHER PROVIDERS .010 .08 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,457

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL AGED

DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED			14017		C.T.
F 010 FITCIBLES	USERS	UNITS OF SERVICE	EADENDIMIDEC	AVERAGE COST	MONT		
5,810 ELIGIBLES	USERS		EXPENDITURES				COST PER
	F 120	OR DAYS OF CARE	2 410 544 72	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,139	89,083 \$	3,419,544.72	\$ 38.39	15.333 \$	665.41	
@PHYSICIANS SERVICES	829	1,975 \$	31,078.59	\$ 15.74	.340 \$	37.49	
OUTPATIENT VISITS	3	3	48.00	16.00	.001	16.00	.01
OFFICE VISITS	3	3	48.00	16.00	.001	16.00	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	80.30	40.15	.000	80.30	.01
EXAMINATIONS	1	2	80.30	40.15	.000	80.30	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	421.82	421.82	.000	421.82	.07
PRINCIPAL SURGEON	1	1	421.82	421.82	.000	421.82	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	61.09	30.55	.000	30.55	.01
RADIOLOGY	7	10	109.08	10.91	.002	15.58	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	816	1,957	30,358.30	15.51	.337	37.20	5.23
@PHARMACY	4,191	51,999 \$	1,462,947.41	\$ 28.13	8.950 \$	349.07	
PRESCRIPTION DRUGS	4,117	17,839	1,431,808.64	80.26	3.070	347.78	246.44
SNF/ICF	541	3,384	202,211.04	59.76	.582	373.77	34.80
OUTPATIENTS	3,589	14,455	1,229,597.60	85.06	2.488	342.60	211.63
MEDICAL SUPPLIES	342	34,160	31,138.77	.91	5.880	91.05	5.36
	89	345 \$	25,947.92	\$ 75.21	.059 \$		
@DENTIST	46	345 Ş 119		14.90	.039 \$	38.54	3 4.47 .31
VISITS - DIAGNOSTIC	17		1,772.65	61.49			
ORAL SURGERY	1 /	127	7,809.00		.022	459.35 .00	1.34
DRUGS	5	5	.00	.00	.000		.00
ANESTHESIA	3	3	400.00	80.00	.001	80.00	.07
PERIODONTICS	3		165.00	55.00	.001	55.00	.03
ENDODONTICS	1	1 7	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6		411.00	58.71	.001	68.50	.07
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	38	77	15,360.27	199.48	.013	404.22	2.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	5	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 2,458
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR ALL AGED					

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	D								
							M	ONT	HLY AVERA	GE	
5,810 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	81	207	\$	4,257.90	\$	20.57	.036	\$	52.57	\$	.73
DIAGNOSTIC AND ANC. PROCED	20	25		892.10		35.68	.004		44.61		.15
EYE APPLIANCES	66	175		3,137.48		17.93	.030		47.54		.54
OTHER OPTOMETRIC SERVICES	7	7		228.32		32.62	.001		32.62		.04
@CHIROPRACTOR	5	12	\$	118.19	\$	9.85	.002	\$	23.64	\$	.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	12		118.19		9.85	.002		23.64		.02
@PODIATRIST	100	162	\$	1,698.12	\$	10.48	.028	\$	16.98	\$	.29
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	100	162		1,698.12		10.48	.028		16.98		.29
@HOME HEALTH AGENCY	1	6	\$	449.16	\$	74.86	.001	\$	449.16	\$	.08
NURSE ANESTHESIST	9	17	\$	299.30	\$	17.61	.003	\$	33.26	\$	.05
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	12.41	\$	12.41	.000	\$	12.41	\$	.00
@TOTAL HOSPITAL	524	1,572	\$	135,534.65	\$	86.22	.271		258.65	\$	23.33
HOSP INPATIENT TOTAL	110	. 12		109,338.31		9111.53	.002		993.98		18.82
HSC HOSPITALS	1	8		8,190.13		1023.77	.001		8190.13		1.41
NON-HSC HOSPITAL TOTAL	2	4		8,725.96		2181.49	.001		4362.98		1.50
ACCOMMODATIONS	2	4		3,862.36		965.59	.001		1931.18		.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4		3,862.36		965.59	.001		1931.18		.66
ANCILLARIES	2	0		4,863.60		.00	.000		2431.80		.84
INPATIENT CROSSOVERS	107	0		92,422.22		.00	.000		863.76		15.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	490	1,560		26,196.34		16.79	.269		53.46		4.51
MEDICAL	9	13		755.78		58.14	.002		83.98		.13
SURGERY	1	1		13.43		13.43	.000		13.43		.00
PATHOLOGY	7	19		221.89		11.68	.003		31.70		.04
RADIOLOGY	6	7		141.95		20.28	.001		23.66		.02
ROOM USE	2	2		171.09		85.55	.000		85.55		.03
CROSSOVERS/ALL OTH OUTPINT	473	1,518		24,892.20		16.40	.261		52.63		4.28
@COUNTY HOSPITAL TOTAL	4	10	\$	286.60	\$	28.66	.002	\$	71.65	\$	.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	9	ŭ		• • •							

CO HOSP OUTPATIENT TOTAL	4	10	286.60	28.66	.002	71.65	.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	286.60	28.66	.002	71.65	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	S MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 2,459
MOP024	FEE-FOR-SERVICE	C/DENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED					
					MON	THLY AVERA	GE
5,810 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	520	1,562	,		.269 \$		•
COMM HOSP INPATIENT TOTAL	110	12	109,338.31			993.98	18.82
HSC HOSPITALS	1	8	8,190.13		.001	8190.13	1.41
NON-HSC HOSPITALS TOTAL	2	4	8,725.96		.001	4362.98	1.50
ACCOMMODATIONS	2	4	3,862.36	965.59	.001	1931.18	.66
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	3,862.36	965.59	.001	1931.18	.66
ANCILLARIES	2	0	4,863.60	.00	.000	2431.80	.84
INPATIENT CROSSOVERS	107	0	92,422.22	.00	.000	863.76	15.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	486	1,550	25,909.74	16.72	.267	53.31	4.46
MEDICAL	9	13	755.78	58.14	.002	83.98	.13
SURGERY	1	1	13.43	13.43	.000	13.43	.00
PATHOLOGY	7	19	221.89	11.68	.003	31.70	.04
RADIOLOGY	6	7	141.95	20.28	.001	23.66	.02
ROOM USE	2	2	171.09	85.55	.000	85.55	.03
CROSSOVERS/ALL OTH OUTPTNT	469	1,508	24,605.60	16.32	.260	52.46	4.24
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	556	14,216	\$	1,635,012.36	\$	115.01	2.447	\$	2940.67	\$	281.41
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	2	74		8,468.68		114.44	.013		4234.34		1.46
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	554	14,142		1,626,543.68		115.02	2.434		2936.00		279.96
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	45	79	\$	825.81	\$	10.45	.014	\$	18.35	\$	.14
PATHOLOGY	42	65		793.40		12.21	.011		18.89		.14
XO AND OTHERS	3	14		32.41		2.32	.002		10.80		.01
@ORGANIZED OUTPATIENT CLINIC	886	1,470	\$	72,453.66	\$	49.29	.253	\$	81.78	\$	12.47
CLINIC	1	, 3	•	187.77	·	62.59	.001		187.77		.03
SURGICENTER	1	1		8.52		8.52	.000		8.52		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	885	1,466		72,257.37		49.29	.252		81.65		12.44
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES N		EPORT			DEC	2004	P	AGE 2,460
MOP024	FEE-FOR-SERVICE		1120 1								03/14/05
MOP024 DEL NORTE COUNTY											
		E/DENTAL					M				03/14/05
DEL NORTE COUNTY		E/DENTAL /ICES FOR ALL AG	ED	EXPENDITURES		RAGE COST	M	ONT	HLY AVERA	GE ·	03/14/05
	SUMMARY OF SERV	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC	ED E		AVE		M UNITS/DAY	ONT S	HLY AVERA	GE ·	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	E/DENTAL /ICES FOR ALL AG	ED E		AVE		M	ONT S	HLY AVERA COST PER	GE ·	03/14/05  COST PER
DEL NORTE COUNTY 5,810 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR	ED E E	EXPENDITURES 48,909.24	AVE PER	R UNIT/DAY 2.87	M UNITS/DAY PER ELIG	ONT S	HLY AVERA COST PER USER	GE ·	03/14/05  COST PER ELIGIBLE
DEL NORTE COUNTY 5,810 ELIGIBLES	SUMMARY OF SERV	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 17,022	ED E E	EXPENDITURES	AVE PER	R UNIT/DAY	M UNITS/DAY PER ELIG 2.930	ONT S	HLY AVERA COST PER USER 59.28	GE ·	03/14/05 COST PER ELIGIBLE 8.42
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVUSERS  825 32	E/DENTAL VICES FOR ALL AG UNITS OF SERVIC OR DAYS OF CAR 17,022 272	ED E E	EXPENDITURES 48,909.24 7,344.30 .00	AVE PER	2.87 27.00 .00	M UNITS/DAY PER ELIG 2.930 .047	ONT S	HLY AVERA COST PER USER 59.28 229.51	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 825 32 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0 6	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16	AVE PER	2.87 27.00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001	ONT S	HLY AVERA COST PER USER 59.28 229.51	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 825 32 0 6	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67	AVE PER	2.87 27.00 .00 432.86 2.09	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71	GE ·	03/14/05 
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVUSERS  825 32 0 6 70	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0  6  2,104  0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVUSERS  825 32 0 6 70 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0 6 2,104	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67	AVE PER	2.87 27.00 .00 432.86 2.09	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00	GE ·	03/14/05 
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS  825 32 0 6 70 0 51	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0  6  2,104  0 1,991	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97	GE ·	03/14/05 
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85	M VUNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS  825 32 0 6 70 0 51 20 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72	M VUNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERV USERS  825 32 0 6 70 0 51 20 0 5	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85	M VUNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 5 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 5 0 0 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .00	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	SUMMARY OF SERV  USERS  825 32 0 66 70 0 51 20 0 5 0 0 127	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0  6  2,104  0  1,991  113  0  74  0  0  0  294	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .00 .27.30	GE ·	03/14/05  COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00 .00 .00 .60
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 5 0 0 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 .00 11.80	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .27.30 .00	GE ·	03/14/05 COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00 .00 .00 .00
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 5 0 0 127 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 0 294	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73 .00 .50	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 11.80 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .27.30 .00 .50	GE ·	03/14/05 COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 5 0 0 127 0 1	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 294 0 1	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73 .00 .50 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 11.80 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .27.30 .00 .50 .00	GE ·	03/14/05 COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 55 0 0 127 0 1	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 294 0 1	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73 .00 .50 .00 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 .11.80 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000 .051 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .27.30 .00 .50 .00 .00	GE ·	03/14/05   COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	SUMMARY OF SERV  USERS  825 32 0 670 0 51 20 0 550 0 127 0 11 0 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC  OR DAYS OF CAR  17,022  272  0  6  2,104  0  1,991  113  0  74  0  0  294  0  1  0  0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 11.80 .00	M UNITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000 .051 .000 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	03/14/05
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 55 0 0 127 0 1 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 294 0 1 0 0 0 0 0 0 0 0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73 .00 .50 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	2 UNIT/DAY 2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 .11.80 .00 .50 .00 .00 .00 .00 .00	M VINITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000 .051 .000 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	03/14/05
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	SUMMARY OF SERV  USERS  825 32 0 66 70 0 51 20 0 55 0 0 127 0 1 0 0 0 0 1127 0 0 110	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 294 0 0 0 0 0 0 11	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	2 UNIT/DAY 2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 .11.80 .00 .50 .00 .00 .00 .00 .248.19	M VINITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000 .000 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	03/14/05   COST PER ELIGIBLE 8.42 1.26 .00 .45 .76 .00 .72 .04 .00 .89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  5,810 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	SUMMARY OF SERV  USERS  825 32 0 6 70 0 51 20 0 55 0 0 127 0 1 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR ALL AG  UNITS OF SERVIC OR DAYS OF CAR 17,022 272 0 6 2,104 0 1,991 113 0 74 0 0 294 0 1 0 0 0 0 0 0 0 0	ED E E	EXPENDITURES  48,909.24 7,344.30 .00 2,597.16 4,389.67 .00 4,180.72 208.95 .00 5,159.36 .00 .00 .00 .00 3,467.73 .00 .50 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	2 UNIT/DAY 2.87 27.00 .00 432.86 2.09 .00 2.10 1.85 .00 69.72 .00 .00 .11.80 .00 .50 .00 .00 .00 .00 .00	M VINITS/DAY PER ELIG 2.930 .047 .000 .001 .362 .000 .343 .019 .000 .013 .000 .000 .000 .051 .000 .000 .000	ONT S	HLY AVERA COST PER USER 59.28 229.51 .00 432.86 62.71 .00 81.97 10.45 .00 1031.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	03/14/05

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	603	14,260	23,220.40	1.63	2.454	38.51	4.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,724	9,218	\$ 295,353.32	\$ 32.04	1.587	\$ 171.32	\$ 50.84

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,461
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL BLIND

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL BLIN	1D							
						MO			-	
319 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S (			COST PER
		OR DAYS OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	254	10,783	\$	176,078.47	\$ 16.33	33.803		693.22		551.97
@PHYSICIANS SERVICES	50	129	\$	- /	\$ 52.89	.404	\$	136.46	\$	21.39
OUTPATIENT VISITS	15	21		931.19	44.34	.066		62.08		2.92
OFFICE VISITS	14	19		826.45	43.50	.060		59.03		2.59
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	1	1		44.60	44.60	.003		44.60		.14
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	1	1		60.14	60.14	.003		60.14		.19
INPATIENT VISITS	4	15		1,016.56	67.77	.047		254.14		3.19
HOSPITAL VISITS	4	14		792.31	56.59	.044		198.08		2.48
CRITICAL CARE	1	1		224.25	224.25	.003		224.25		.70
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.003		37.15		.12
EXAMINATIONS	1	1		37.15	37.15	.003		37.15		.12
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	4	4		203.87	50.97	.013		50.97		.64
PRINCIPAL SURGEON	4	4		203.87	50.97	.013		50.97		.64
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	2	2		5.14	2.57	.006		2.57		.02
RADIOLOGY	7	8		60.94	7.62	.025		8.71		.19
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	20		3,218.30	160.92	.063		804.58		10.09
OTHER SERVICES/ALL X-OVERS	35	58		1,349.63	23.27	.182		38.56		4.23
@PHARMACY	220	9,867	\$	98,855.68	\$ 10.02	30.931	\$	449.34	\$	309.89
PRESCRIPTION DRUGS	215	965		92,532.98	95.89	3.025		430.39		290.07
SNF/ICF	12	114		9,689.20	84.99	.357		807.43		30.37
OUTPATIENTS	203	851		82 <b>,</b> 843.78	97.35	2.668		408.10		259.70
MEDICAL SUPPLIES	49	8,902		6,322.70	.71	27.906		129.03		19.82
@DENTIST	2	31	\$	1,361.00	\$ 43.90	.097	\$	680.50	\$	4.27
VISITS - DIAGNOSTIC	2	8		174.00	21.75	.025		87.00		.55
ORAL SURGERY	1	22		1,087.00	49.41	.069		1087.00		3.41
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	1	1		100.00	100.00	.003		100.00		.31

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DE	EC 2004	PAGE 2,462
MOP024	FEE-FOR-SERVICE/DENTA	AL .					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES E	OR ALL BLIND					
					MON	NTHLY AVERAG	E

						M		HLY AVERA	GΕ	
319 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	6	13	\$ 1,046.05	\$	80.47	.041	\$	174.34	\$	3.28
DIAGNOSTIC AND ANC. PROCED	3	3	113.55		37.85	.009		37.85		.36
EYE APPLIANCES	5	10	932.50		93.25	.031		186.50		2.92
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.003	\$	16.72	\$	.05
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	1	1	16.72		16.72	.003		16.72		.05
@PODIATRIST	1	1	\$ 24.00	\$	24.00	.003	\$	24.00	\$	.08
MEDICINE/INJECTIONS	1	1	24.00		24.00	.003		24.00		.08
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	3	\$ 71.85	\$	23.95	.009	\$	71.85	\$	.23
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	35	140	\$ 10,103.33	\$	72.17	.439	\$	288.67	\$	31.67
HOSP INPATIENT TOTAL	2	5	6,889.20		1377.84	.016		3444.60		21.60
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	5	6,366.15		1273.23	.016		6366.15		19.96
ACCOMMODATIONS	1	5	2,799.90		559.98	.016		2799.90		8.78
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	5	2,799.90		559.98	.016		2799.90		8.78
ANCILLARIES	1	0	3,566.25		.00	.000		3566.25		11.18
INPATIENT CROSSOVERS	1	0	523.05		.00	.000		523.05		1.64
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33	135	3,214.13		23.81	.423		97.40		10.08
MEDICAL	8	16	858.42		53.65	.050		107.30		2.69
SURGERY	1	1	67.33		67.33	.003		67.33		.21
PATHOLOGY	8	35	390.60		11.16	.110		48.83		1.22
RADIOLOGY	9	13	342.90		26.38	.041		38.10		1.07
ROOM USE	13	17	694.76		40.87	.053		53.44		2.18
CROSSOVERS/ALL OTH OUTPTNT	25	53	860.12		16.23	.166		34.40		2.70
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	т	.00	.000	r	.00	T	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
	J	0	.00		• • •	.000				• • • •

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00	
	0	0							.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00			
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00	
MEDICAL	0	0		.00	.00	.000	.00		.00	
SURGERY	0	•		.00	.00	.000	.00		.00	
PATHOLOGY	0	0		.00	.00	.000	.00		.00	
RADIOLOGY	0	0		.00	.00	.000	.00		.00	
ROOM USE	0	0		.00	.00	.000	.00		.00	
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV		-	'URES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU DE	C 2004	P	AGE 2,463	
MOP024	FEE-FOR-SERVICE	•							03/14/05	
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL B	LIND							
						MON				
319 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST				COST PER	
		OR DAYS OF CA			PER UNIT/DAY		USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	35	140	\$	10,103.33	\$ 72.17	.439 \$	288.67	\$	31.67	
COMM HOSP INPATIENT TOTAL	2	5		6,889.20	1377.84	.016	3444.60		21.60	
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	1	5		6,366.15	1273.23	.016	6366.15		19.96	
ACCOMMODATIONS	1	5		2,799.90	559.98	.016	2799.90		8.78	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	1	5		2,799.90	559.98	.016	2799.90		8.78	
ANCILLARIES	1	0		3,566.25	.00	.000	3566.25		11.18	
INPATIENT CROSSOVERS	1	0		523.05	.00	.000	523.05		1.64	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
COMM HOSP OUTPATIENT TOTAL	33	135		3,214.13	23.81	.423	97.40		10.08	
MEDICAL	8	16		858.42	53.65	.050	107.30		2.69	
SURGERY	1	1		67.33	67.33	.003	67.33		.21	
PATHOLOGY	8	35		390.60	11.16	.110	48.83		1.22	
RADIOLOGY	9	13		342.90	26.38	.041	38.10		1.07	
ROOM USE	1.3	17		694.76	40.87	.053	53.44		2.18	
CROSSOVERS/ALL OTH OUTPTNT	25	53		860.12	16.23	.166	34.40		2.70	
@STATE HOSPITAL	0	0	s	.00	\$ .00	.000 \$		Ċ	.00	
MENTALLY ILL	0	0	Ÿ	.00	.00	.000	.00	Y	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00	
@NURSING FACILITY	16	311	Ś	38,519.74	\$ 123.86		2407.48	ċ	120.75	
	0	0	Ą	•	,			ې		
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00	
LEV B-REHAB MD	0	•		.00						
LEV B-SUBACUTE FREESTANDING	U	0		.00	.00	.000	.00		.00	
LEV B-SUBACUTE HSPTL BASED	U	•		.00	.00	.000	.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
LEV B-REGULAR	16	311		38,519.74	123.86	.975	2407.48		120.75	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$		Ş	.00	
ICF DDH	0	0		.00	.00	.000	.00		.00	
TCE DD	Λ	<u> </u>		0.0	0.0	0.00	0.0		$\cap \cap$	

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	)	.00
@LABORATORY FACILITY	6	6	\$	60.13	\$	10.02	.019	\$ 10.02	2 \$	.19
PATHOLOGY	6	6		60.13		10.02	.019	10.02	2	.19
XO AND OTHERS	0	0		.00		.00	.000	.00	)	.00
@ORGANIZED OUTPATIENT CLINIC	43	53	\$	3,746.48	\$	70.69	.166	\$ 87.13	3 \$	11.74
CLINIC	0	0		.00		.00	.000	.00	)	.00
SURGICENTER	0	0		.00		.00	.000	.00	)	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	)	.00
RURAL HEALTH CLINIC	43	53		3,746.48		70.69	.166	87.13	3	11.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC 2004		PAGE 2,464
MOP024	FEE-FOR-SERVICE	:/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL B	LIND							
							M	ONTHLY AVE	RAGE	
319 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES			UNITS/DAY		3	COST PER
		OR DAYS OF CA			PER		PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	35	228	\$	15,450.71	\$	67.77	.715	\$ 441.45	5 \$	
DURABLE MED. EQUIP.	6	21		9,261.23		441.01	.066	1543.5	1	29.03
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	106		2,844.74		26.84	.332	474.12		8.92
AMBULANCES/AIR TRANS	5	101		1,538.16		15.23	.317	307.63		4.82
OTHER TRANS	1	4		31.58		7.90	.013	31.58		.10
OTHER SERVICES	1	1		1,275.00		1275.00	.003	1275.00		4.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	6	12		1,720.29		143.36	.038	286.72		5.39
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	6		926.74		154.46	.019	926.7	1	2.91

PROSTHETICS	1	6	926.74	154.46	.019	926.74	2.91
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	83	697.71	8.41	.260	41.04	2.19
@CALIF. CHILDREN SERVICES*	16	206	\$ 16,495.08	\$ 80.07	.646	\$ 1030.94	\$ 51.71
@XOVER EXCLUDING STATE HOSP**	66	944	\$ 5,653.04	\$ 5.99	2.959	\$ 85.65	\$ 17.72

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

PAGE 2,465

03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL DISABLED					
					MON		GE
24,328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22,367	484 <b>,</b> 479 \$	15,208,952.18	\$ 31.39	19.914 \$	679.97	
@PHYSICIANS SERVICES	4,419	12,658 \$	466,177.56	\$ 36.83	.520 \$		
OUTPATIENT VISITS	1,288	1,819	64 <b>,</b> 774.03	35.61	.075	50.29	2.66
OFFICE VISITS	1,114	1,553	51 <b>,</b> 993.75	33.48	.064	46.67	2.14
HOME VISITS	2	2	44.10	22.05	.000	22.05	.00
EMERGENCY ROOM	136	180	10,546.40	58.59	.007	77.55	.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	17	272.37	16.02	.001	45.40	.01
OTHER OUTPATIENT	59	67	1,917.41	28.62	.003	32.50	.08
INPATIENT VISITS	169	820	47,572.47	58.02	.034	281.49	1.96
HOSPITAL VISITS	150	647	27,726.71	42.85	.027	184.84	1.14
CRITICAL CARE	15	152	18,883.86	124.24	.006	1258.92	.78
SNF/ICF/TRANS IP CARE	18	21	961.90	45.80	.001	53.44	.04
OPHTHALMOLOGICAL SERVICES	123	158	6,310.85	39.94	.006	51.31	.26
EXAMINATIONS	123	158	6,310.85	39.94	.006	51.31	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	151	951	85,343.19	89.74	.039	565.19	3.51
PRINCIPAL SURGEON	116	175	69,467.26	396.96	.007	598.86	2.86
ASSISTANT SURGEON	18	17	3,216.58	189.21	.001	178.70	.13
ANESTHESIOLOGIST	41	759	12,659.35	16.68	.031	308.76	.52
OUTPATIENT SURGERY	362	735	96,239.43	130.94	.030	265.85	3.96
PRINCIPAL SURGEON	346	487	91,499.35	187.88	.020	264.45	3.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	27	248	4,740.08	19.11	.010	175.56	.19
DIALYSIS	14	53	4,019.40	75.84	.002	287.10	.17
PATHOLOGY	390	744	11,991.79	16.12	.031	30.75	.49
RADIOLOGY	1,421	2,520	63,498.63	25.20	.104	44.69	2.61
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	72	210	11,595.71	55.22	.009	161.05	.48
OTHER SERVICES/ALL X-OVERS	1,792	4,648	74,832.06	16.10	.191	41.76	3.08
@PHARMACY	16,566	230,952 \$	8,022,070.73	\$ 34.73	9.493 \$	484.25	\$ 329.75
PRESCRIPTION DRUGS	16,319	70,465	7,859,264.48	111.53	2.896	481.60	323.05
SNF/ICF	166	1,937	177,815.01	91.80	.080	1071.17	7.31
OUTPATIENTS	16,174	68,528	7,681,449.47	112.09	2.817	474.93	315.75

MEDICAL SUPPLIES	1,437	160,487	162,806.25	1.0	1 6.597	113.30	6.69
@DENTIST	400	1,915 \$	89,829.92	\$ 46.9	1 .079	\$ 224.57	\$ 3.69
VISITS - DIAGNOSTIC	288	929	13,590.90	14.6	3 .038	47.19	.56
ORAL SURGERY	84	545	29,588.00	54.2	9 .022	352.24	1.22
DRUGS	2	3	.00	.0	0 .000	.00	.00
ANESTHESIA	34	34	3,300.00	97.0	6 .001	97.06	.14
PERIODONTICS	6	6	489.00	81.5	0 .000	81.50	.02
ENDODONTICS	15	38	7,087.00	186.5	0 .002	472.47	.29
RESTORATIVE DENTISTRY	74	188	9,315.00	49.5	5 .008	125.88	.38
PROSTHETICS	4	4	140.00	35.0	0 .000	35.00	.01
DENTURES, STAYPLATES	73	122	26,115.02	214.0	6 .005	357.74	1.07
SPACE MAINTAINERS	0	0	.00	.0	0 .000	.00	.00
MAXILLOFACIAL SERVICES	2	2	100.00	50.0	0 .000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.0	0 .000	.00	.00
ORTHODONTIC SERVICES	4	4	105.00	26.2	5 .000	26.25	.00
ALL OTHER SERVICES	10	40	.00	.0	0 .002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT E	REPORT FOR J.	AN 2004 THRU	DEC 2004	PAGE 2,466
MOP024	FEE-FOR-SERVICE	DENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL DISABI	ED				
					N	MONTHLY AVERA	AGE
24,328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/	DAY PER ELIC	G USER	ELIGIBLE
@OPTOMETRIST	675	1,825 \$	39,646.48	\$ 21.7	2 .075	\$ 58.74	\$ 1.63
DIAGNOSTIC AND ANC. PROCED	344	385	15,150.79	39.3	5 .016	44.04	.62
EYE APPLIANCES	523	1,421	23,707.31	16.6	8 .058	45.33	.97
OTHER OPTOMETRIC SERVICES	22	1 9	788 38	41 4	9 001	35 84	0.3

24,328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CAR		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	675	1 <b>,</b> 825	\$	\$	.075	\$ 58.74	\$ 1.63
DIAGNOSTIC AND ANC. PROCED	344	385	15,150.79	39.35	.016	44.04	.62
EYE APPLIANCES	523	1,421	23,707.31	16.68	.058	45.33	.97
OTHER OPTOMETRIC SERVICES	22	19	788.38	41.49	.001	35.84	.03
@CHIROPRACTOR	227	427	\$ 7,037.69	\$ 16.48	.018	\$ 31.00	\$ .29
VISITS	213	405	6,729.80	16.62	.017	31.60	.28
OTHER SERVICES	15	22	307.89	14.00	.001	20.53	.01
@PODIATRIST	195	280	\$ 6,304.26	\$ 22.52	.012	\$ 32.33	\$ .26
MEDICINE/INJECTIONS	91	108	3,253.70	30.13	.004	35.75	.13
SURGERY/ANES.	1	2	108.14	54.07	.000	108.14	.00
RADIO./PATHOLOGY	6	11	188.59	17.14	.000	31.43	.01
OTHER	104	159	2,753.83	17.32	.007	26.48	.11
@HOME HEALTH AGENCY	81	756	\$ 52,006.28	\$ 68.79	.031	\$ 642.05	\$ 2.14
NURSE ANESTHESIST	173	835	\$ 16,509.15	\$ 19.77	.034	\$ 95.43	\$ .68
NURSE MIDWIFE	14	27	\$ 4,645.66	\$ 172.06	.001	\$ 331.83	\$ .19
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	2	2	\$ 81.20	\$ 40.60	.000	\$ 40.60	\$ .00
@TOTAL HOSPITAL	4,522	24,040	\$ 4,176,086.33	\$ 173.71	.988	\$ 923.50	\$ 171.66
HOSP INPATIENT TOTAL	434	1,367	3,394,891.83	2483.46	.056	7822.33	139.55
HSC HOSPITALS	25	169	264,966.50	1567.85	.007	10598.66	10.89
NON-HSC HOSPITAL TOTAL	263	1,198	3,003,747.84	2507.30	.049	11421.09	123.47
ACCOMMODATIONS	263	1,198	965,176.52	805.66	.049	3669.87	39.67
ADMINISTRATIVE DAYS	2	18	10,270.20	570.57	.001	5135.10	.42
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	262	1,180	954,906.32	809.24	.049	3644.68	39.25
ANCILLARIES	263	0	2,038,571.32	.00	.000	7751.22	83.80
INPATIENT CROSSOVERS	150	0	126,177.49	.00	.000	841.18	5.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,350	22,673	781,194.50	34.45	.932	179.58	32.11
MEDICAL	1,649	3,268	247,612.44	75.77	.134	150.16	10.18
SURGERY	376	482	24,806.89	51.47	.020	65.98	1.02
PATHOLOGY	1,617	7,144	84,426.62	11.82	.294	52.21	3.47
RADIOLOGY	1,521	2,277	176,670.08	77.59	.094	116.15	7.26
ROOM USE	1,687	2,866	119,320.55	41.63	.118	70.73	4.90

2,304	6,636	1	28,357.92		19.34	.27	3	55.71		5.28
19	62	\$	12,397.97	\$	199.97	.003	3 \$	652.52	\$	.51
2	8		10,490.00		1311.25	.000	)	5245.00		.43
2	8		10,490.00		1311.25	.000	)	5245.00		.43
0	0		.00		.00	.000	)	.00		.00
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0	0		.00		.00	.000	)	.00		.00
0	0		.00		.00	.000	)	.00		.00
18	54		1,907.97		35.33	.002	2	106.00		.08
4	5		267.19		53.44	.000	)	66.80		.01
2	2		70.27		35.14	.000	)	35.14		.00
5	22		241.91		11.00	.00	L	48.38		.01
2	5		592.54		118.51	.000	)	296.27		.02
6	9		457.29		50.81	.000	)	76.22		.02
6	11		278.77		25.34	.000	)	46.46		.01
MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF	-PAYMENT R	REPORT	r for Jan	2004 THR	J DEC	2004	PAGE	2,467
FEE-FOR-SERVICE/DENTAL									0.3	3/14/05
SUMMARY OF SERVICES FOR	ALL DISA	BLED								
							INOM	HLY AVERA	GE	
	19 2 2 0 0 0 0 0 0 0 0 18 4 2 5 2 6 6 MEDI-CAL SERVICES AND EXFEE-FOR-SERVICE/DENTAL	19 62 2 8 2 8 0 18 54 4 5 2 2 2 5 22 2 5 6 9 6 9 6 11  MEDI-CAL SERVICES AND EXPENDITURE FEE-FOR-SERVICE/DENTAL	19 62 \$ 2 8 2 8 0 18 54 4 5 2 2 2 5 22 2 5 6 9 6 9 6 11  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF FEE-FOR-SERVICE/DENTAL	19 62 \$ 12,397.97 2 8 10,490.00 2 8 10,490.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 18 54 1,907.97 4 5 267.19 2 2 70.27 5 22 241.91 2 5 592.54 6 9 457.29 6 11 278.77 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT FFEE-FOR-SERVICE/DENTAL	19 62 \$ 12,397.97 \$ 2 8 10,490.00 2 8 10,490.00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 18 54 1,907.97 4 5 267.19 2 2 70.27 5 22 241.91 2 5 592.54 6 9 457.29 6 11 278.77  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT	19 62 \$ 12,397.97 \$ 199.97 2 8 10,490.00 1311.25 2 8 10,490.00 1311.25 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	19 62 \$ 12,397.97 \$ 199.97 .000 2 8 10,490.00 1311.25 .000 2 8 10,490.00 1311.25 .000 0 0 .00 .00 .00 .00 0 0 .00 .00 .0	19 62 \$ 12,397.97 \$ 199.97 .003 \$ 2 8 10,490.00 1311.25 .000	19 62 \$ 12,397.97 \$ 199.97 .003 \$ 652.52 2 8 10,490.00 1311.25 .000 5245.00 2 8 10,490.00 1311.25 .000 5245.00 0 0 .00 .00 .00 .000 .000 .000 .00	19 62 \$ 12,397.97 \$ 199.97 .003 \$ 652.52 \$ 2 2 241.91 11.00 .001 296.27

							IM	JNIHLI AVERA	4GE	
24,328 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,505	23 <b>,</b> 978	5	4,163,688.36	\$	173.65	.986	\$ 924.24	\$	171.15
COMM HOSP INPATIENT TOTAL	432	1,359		3,384,401.83		2490.36	.056	7834.26		139.12
HSC HOSPITALS	23	161		254,476.50		1580.60	.007	11064.20		10.46
NON-HSC HOSPITALS TOTAL	263	1,198		3,003,747.84		2507.30	.049	11421.09		123.47
ACCOMMODATIONS	263	1,198		965,176.52		805.66	.049	3669.87		39.67
ADMINISTRATIVE DAYS	2	18		10,270.20		570.57	.001	5135.10		.42
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	262	1,180		954,906.32		809.24	.049	3644.68		39.25
ANCILLARIES	263	0		2,038,571.32		.00	.000	7751.22		83.80
INPATIENT CROSSOVERS	150	0		126,177.49		.00	.000	841.18		5.19
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,334	22,619		779,286.53		34.45	.930	179.81		32.03
MEDICAL	1,645	3,263		247,345.25		75.80	.134	150.36		10.17
SURGERY	374	480		24,736.62		51.53	.020	66.14		1.02
PATHOLOGY	1,613	7,122		84,184.71		11.82	.293	52.19		3.46
RADIOLOGY	1,519	2,272		176,077.54		77.50	.093	115.92		7.24
ROOM USE	1,683	2,857		118,863.26		41.60	.117	70.63		4.89
CROSSOVERS/ALL OTH OUTPINT	2,299	6 <b>,</b> 625		128,079.15		19.33	.272	55.71		5.26
@STATE HOSPITAL	5	152	\$	106,678.16	\$	701.83	.006	\$ 21335.63	\$	4.38
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	5	152		106,678.16		701.83	.006	21335.63		4.38
@NURSING FACILITY	131	2 <b>,</b> 947	\$	380,051.62	\$	128.96	.121	\$ 2901.16	\$	15.62
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	1	30		3,759.60		125.32	.001	3759.60		.15
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	130	2,917		376,292.02		129.00	.120	2894.55		15.47
@INTERMEDIATE CARE FACILDD	0	0 \$	\$	.00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	54	401	\$	48,868.62	\$	121.87	.016	\$	904.97	\$	2.01
HOSPITAL BASED	1	7		279.06		39.87	.000		279.06		.01
HEMODIALYSIS CENTER	53	394		48,589.56		123.32	.016		916.78		2.00
@REHABILITATION FACILITY	28	268	\$	5,774.03	\$	21.54	.011	\$	206.22	\$	.24
HOSPITAL BASED	27	265		5,724.79		21.60	.011		212.03		.24
INDEPENDENT FACILITY	1	3		49.24		16.41	.000		49.24		.00
@LABORATORY FACILITY	1,438	4,951	\$	62,603.42	\$	12.64	.204	\$	43.54	\$	2.57
PATHOLOGY	1,434	4,937		62,460.37		12.65	.203		43.56		2.57
XO AND OTHERS	4	14		143.05		10.22	.001		35.76		.01
@ORGANIZED OUTPATIENT CLINIC	7,872	12,791	\$	1,080,636.66	\$	84.48	.526	\$	137.28	\$	44.42
CLINIC	25	57		2,742.25		48.11	.002		109.69		.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7,851	12,734		1,077,894.41		84.65	.523		137.29		44.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPORI	FOR JAN	2004 THRU	DEC	2004	PI	AGE 2,468
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR ALL DI	SABL	ED							

						M	MIUDI AVEKA	GE
24,328 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,920	189 <b>,</b> 251	\$	643,887.21	\$ 3.40	7.779	\$ 220.51	\$ 26.47
DURABLE MED. EQUIP.	192	980		88,517.22	90.32	.040	461.03	3.64
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5		1,987.54	397.51	.000	397.51	.08
MEDICAL TRANSPORTATION	624	112,759		317,534.70	2.82	4.635	508.87	13.05
AMBULANCES/AIR TRANS	503	14,732		138,478.82	9.40	.606	275.31	5.69
OTHER TRANS	88	96,511		142,652.17	1.48	3.967	1621.05	5.86
OTHER SERVICES	77	1,516		36,403.71	24.01	.062	472.78	1.50
ACUPUNCTURE	7	18		302.77	16.82	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	13	249		17,301.08	69.48	.010	1330.85	.71
GENETIC DISEASE TESTING	7	7		735.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	17	69		10,889.08	157.81	.003	640.53	.45
OCCUPATIONAL THERAPIST	2	18		277.75	15.43	.001	138.88	.01
OPTICIAN	627	1,479		15,879.84	10.74	.061	25.33	.65
PHYSICAL THERAPIST	219	2,106		30,917.89	14.68	.087	141.18	1.27
PORTABLE X-RAY	1	2		1.50	.75	.000	1.50	.00
PROSTHETIST/ORTHOTISTS	34	110		32,287.71	293.52	.005	949.64	1.33
PROSTHETICS	34	110		32,287.71	293.52	.005	949.64	1.33
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	39	153		7,043.55	46.04	.006	180.60	.29
HOSPICE SERVICES	2	18		2,204.19	122.46	.001	1102.10	.09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	277	6,848		54,629.35	7.98	.281	197.22	2.25
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,060	64,430		63,378.04	.98	2.648	59.79	2.61
@CALIF. CHILDREN SERVICES*	107	2,579	\$	219,372.86	\$ 85.06	.106	\$ 2050.21	\$ 9.02
@XOVER EXCLUDING STATE HOSP**	2,751	19,523	\$	329,027.30		.802	\$ 119.60	\$ 13.52

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

DEE NORTE COONTI	SOPPART OF SER	VICES FOR ADD PARTITIES			1401	(miii 1/ 7/1007	C.F.
56 100					MON		
56,138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	29,405	140,638 \$	8,115,069.51	\$ 57.70	2.505 \$		•
@PHYSICIANS SERVICES	4,389	9 <b>,</b> 809 \$	385,181.80	\$ 39.27	.175 \$		
OUTPATIENT VISITS	1,544	1,930	70,848.37	36.71	.034	45.89	1.26
OFFICE VISITS	1,297	1,620	56,045.40	34.60	.029	43.21	1.00
HOME VISITS	1	1	27.49	27.49	.000	27.49	.00
EMERGENCY ROOM	183	206	10,553.82	51.23	.004	57.67	.19
PREVENTIVE CARE	1	1	34.69	34.69	.000	34.69	.00
OB VISITS/COMPRE PERI	17	34	1,848.49	54.37	.001	108.73	.03
OTHER OUTPATIENT	65	68	2,338.48	34.39	.001	35.98	.04
INPATIENT VISITS	175	506	29,458.28	58.22	.009	168.33	.52
HOSPITAL VISITS	160	413	19,337.17	46.82	.007	120.86	.34
CRITICAL CARE	27	93	10,121.11	108.83	.002	374.86	.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	59	68	2,787.63	40.99	.001	47.25	.05
EXAMINATIONS	59	68	2,787.63	40.99	.001	47.25	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	153	649	70,058.35	107.95	.012	457.90	1.25
PRINCIPAL SURGEON	115	156	57,854.32	370.86	.003	503.08	1.03
ASSISTANT SURGEON	21	21	4,336.47	206.50	.000	206.50	.08
ANESTHESIOLOGIST	34	472	7,867.56	16.67	.008	231.40	.14
OUTPATIENT SURGERY	444	928	92,883.22	100.09	.017	209.20	1.65
PRINCIPAL SURGEON	415	618	86,550.63	140.05	.011	208.56	1.54
ASSISTANT SURGEON	2	2	269.54	134.77	.000	134.77	.00
ANESTHESIOLOGIST	36	308	6,063.05	19.69	.005	168.42	.11
DIALYSIS	3	39	648.18	16.62	.001	216.06	.01
PATHOLOGY	373	566	11,453.63	20.24	.010	30.71	.20
RADIOLOGY	2,093	3,035	70,000.94	23.06	.054	33.45	1.25
PSYCHIATRY	, , , , ,	0	.00	.00	.000	.00	.00
	· ·	•	, , ,				

IMMUNIZATION AND INJECTION	207	432	3,573.74	8.27	.008	17.26	.06
OTHER SERVICES/ALL X-OVERS	545	1,656	33,469.46	20.21	.029	61.41	.60
@PHARMACY	13,743	40,426 \$	1,944,740.80	\$ 48.11	.720	\$ 141.51	\$ 34.64
PRESCRIPTION DRUGS	13,654	32 <b>,</b> 847	1,919,928.44	58.45	.585	140.61	34.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	13,654	32 <b>,</b> 847	1,919,928.44	58.45	.585	140.61	34.20
MEDICAL SUPPLIES	258	7 <b>,</b> 579	24,812.36	3.27	.135	96.17	. 44
@DENTIST	616	4 <b>,</b> 533 \$	167,948.97	\$ 37.05	.081		\$ 2.99
VISITS - DIAGNOSTIC	490	2,242	38,730.45	17.27	.040	79.04	.69
ORAL SURGERY	175	771	49,877.00	64.69	.014	285.01	.89
DRUGS	6	7	75.00	10.71	.000	12.50	.00
ANESTHESIA	58	58	5,500.00	94.83	.001	94.83	.10
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.00
ENDODONTICS	77	167	14,471.00	86.65	.003	187.94	.26
RESTORATIVE DENTISTRY	216	951	48,002.25	50.48	.017	222.23	.86
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	40	8,718.27		.001	415.16	.16
SPACE MAINTAINERS	2	2	200.00	100.00	.000	100.00	.00
MAXILLOFACIAL SERVICES	9	9	400.00	44.44	.000	44.44	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	21	23	1,590.00	69.13	.000	75.71	.03
ALL OTHER SERVICES	31	261	300.00	1.15	.005	9.68	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT	REPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE 2,470
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

DEB NORTE COUNTY	SOMMANT OF SER	VICES FOR ALL FA		,					<b>~</b> =	
F6 100 FF FGTBI FG			_		 	M				
56,138 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST			COST PER		COST PER
0.0000000000000000000000000000000000000	505	OR DAYS OF CAR		45 650 04	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	797	2,097	\$	47,673.94	\$ 22.73	.037	Ş	59.82	Ş	.85
DIAGNOSTIC AND ANC. PROCED	592	672		26,495.70	39.43	.012		44.76		.47
EYE APPLIANCES	514	1,421		21,144.01	14.88	.025		41.14		.38
OTHER OPTOMETRIC SERVICES	3	4		34.23	8.56	.000		11.41		.00
@CHIROPRACTOR	284	472	\$	7,744.18	\$ 	.008	\$	27.27	\$	.14
VISITS	282	470		7,716.28	16.42	.008		27.36		.14
OTHER SERVICES	2	2		27.90	13.95	.000		13.95		.00
@PODIATRIST	68	96	\$	3,406.10	\$ 35.48	.002	\$	50.09	\$	.06
MEDICINE/INJECTIONS	66	80		2,814.76	35.18	.001		42.65		.05
SURGERY/ANES.	3	3		210.35	70.12	.000		70.12		.00
RADIO./PATHOLOGY	6	11		190.30	17.30	.000		31.72		.00
OTHER	1	2		190.69	95.35	.000		190.69		.00
@HOME HEALTH AGENCY	32	135	\$	8,700.86	\$ 64.45	.002	\$	271.90	\$	.15
NURSE ANESTHESIST	341	1,895	\$	34,898.43	\$ 18.42	.034	\$	102.34	\$	.62
NURSE MIDWIFE	136	271	\$	47,629.51	\$ 175.75	.005	\$	350.22	\$	.85
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	74.22	\$ 24.74	.000	\$	24.74	\$	.00
@TOTAL HOSPITAL	6 <b>,</b> 986	35 <b>,</b> 708	\$	3,198,459.70	\$ 89.57	.636	\$	457.84	\$	56.97
HOSP INPATIENT TOTAL	350	1,284		2,063,085.44	1606.76	.023		5894.53		36.75
HSC HOSPITALS	30	115		170,121.00	1479.31	.002		5670.70		3.03
NON-HSC HOSPITAL TOTAL	319	1,169		1,889,543.08	1616.38	.021		5923.33		33.66
ACCOMMODATIONS	319	1,169		809,362.96	692.35	.021		2537.19		14.42
ADMINISTRATIVE DAYS	1	2		231.30	115.65	.000		231.30		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	319	1,167		809,131.66	693.34	.021		2536.46		14.41
ANCILLARIES	319	0		1,080,180.12	.00	.000		3386.14		19.24
INPATIENT CROSSOVERS	4	0		3,421.36	.00	.000		855.34		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	6,801	34,424	1,135,374.26	32.98	.613	166.94	20.22
MEDICAL	3,468	4,818	279,807.20		.086	80.68	4.98
SURGERY	764	994	55,578.75	55.91	.018		.99
PATHOLOGY			119,793.42		.170		
RADIOLOGY		3,350	219,919.89	65.65	.060	92.48	3.92
ROOM USE	4,177	6,079	239,126.39	39.34	. 108	57.25	4.26
CROSSOVERS/ALL OTH OUTPINT	•	9,624	221,148.61	22.98 \$ 32.07	.171	70.86	3.94
@COUNTY HOSPITAL TOTAL	5	27 \$	865.77	\$ 32.07	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00
CO HOSP OUTPATIENT TOTAL	5	27	865.77	32.07	.000	173.15	.02
MEDICAL	3	3	209.90		.000	69.97	.00
SURGERY	1	2	61.20	30.60	.000		.00
PATHOLOGY	1	8	146.91	18.36	.000	146.91	.00
RADIOLOGY	0	0	.00	.00 52.70	.000	.00	.00
ROOM USE	4	7	368.87			92.22	.01
CROSSOVERS/ALL OTH OUTPTNT		7	78.89	11.27	.000	39.45	.00
		ES AND EXPENDITURES MONT	TH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 2,471
	FEE-FOR-SERVICE						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					
					MON		
56,138 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,982	35 <b>,</b> 681 \$	3,197,593.93	\$ 89.62	.636 \$	457.98	
COMM HOSP INPATIENT TOTAL	350	1,284	2,063,085.44	1606.76	.023	5894.53	36.75
HSC HOSPITALS	30	115	2,063,085.44 170,121.00	1479.31	.002	5670.70	3.03
NON-HSC HOSPITALS TOTAL	319	1,169	1,889,543.08	1616.38	.021	5923.33	33.66
ACCOMMODATIONS		1,169	809,362.96			2537.19	
ADMINISTRATIVE DAYS	1	2	231.30	115.65		231.30	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

56,138 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	6 <b>,</b> 982	35 <b>,</b> 681	\$	3,197,593.93	\$ 89.62	.636	\$ 457.98	\$	56.96
COMM HOSP INPATIENT TOTAL	350	1,284		2,063,085.44	1606.76	.023	5894.53		36.75
HSC HOSPITALS	30	115		170,121.00	1479.31	.002	5670.70		3.03
NON-HSC HOSPITALS TOTAL	319	1,169		1,889,543.08	1616.38	.021	5923.33		33.66
ACCOMMODATIONS	319	1,169		809,362.96	692.35	.021	2537.19		14.42
ADMINISTRATIVE DAYS	1	2		231.30	115.65	.000	231.30		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	319	1,167		809,131.66	693.34	.021	2536.46		14.41
ANCILLARIES	319	0		1,080,180.12	.00	.000	3386.14		19.24
INPATIENT CROSSOVERS	4	0		3,421.36	.00	.000	855.34		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	6 <b>,</b> 797	34 <b>,</b> 397		1,134,508.49	32.98	.613	166.91		20.21
MEDICAL	3,465	4,815		279,597.30	58.07	.086	80.69		4.98
SURGERY	763	992		55 <b>,</b> 517.55	55.97	.018	72.76		.99
PATHOLOGY	2,634	9,551		119,646.51	12.53	.170	45.42		2.13
RADIOLOGY	2,378	3 <b>,</b> 350		219,919.89	65.65	.060	92.48		3.92
ROOM USE	4,174	6 <b>,</b> 072		238,757.52	39.32	.108	57.20		4.25
CROSSOVERS/ALL OTH OUTPINT	3,120	9,617		221,069.72	22.99	.171	70.86		3.94
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.0	0 (	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.0	0 (	.00		.00
LEV B-REGULAR	0	0		.00		.00	.0	0	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.0	0 \$	.00	\$	.00
ICF DDH	0	0		.00		.00	.0	0	.00		.00
ICF DD	0	0		.00		.00	.0	0 (	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.0	0	.00		.00
@HEMODIALYSIS TOTAL	2	32	\$	3,358.44	\$	104.95	.0	1 \$	1679.22	\$	.06
HOSPITAL BASED	0	0		.00		.00	.0	0 (	.00		.00
HEMODIALYSIS CENTER	2	32		3,358.44		104.95	.0	1	1679.22		.06
@REHABILITATION FACILITY	40	335	\$	7,048.12	\$	21.04	.0	6 \$	176.20	\$	.13
HOSPITAL BASED	40	335		7,048.12		21.04	.0	16	176.20		.13
INDEPENDENT FACILITY	0	0		.00		.00	.0	0 (	.00		.00
@LABORATORY FACILITY	1,863	5,328	\$	78,679.83	\$	14.77	.0	5 \$	42.23	\$	1.40
PATHOLOGY	1,863	5,328		78,679.83		14.77	.0	5	42.23		1.40
XO AND OTHERS	0	0		.00		.00	.0	0	.00		.00
@ORGANIZED OUTPATIENT CLINIC	13,348	18,447	\$	1,935,136.93	\$	104.90	.33	9 \$	144.98	\$	34.47
CLINIC	61	222		9,035.15		40.70	.0	4	148.12		.16
SURGICENTER	0	0		.00		.00	.0	0 (	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.0	0	.00		.00
RURAL HEALTH CLINIC	13,294	18,225		1,926,101.78		105.68	.33	25	144.89		34.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	IRES :	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 TH	RU DE	C 2004	P	AGE 2,472
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILI	ES							
								- MON	THLY AVERA	AGE	

				MON	ITHLY AVERAG	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,914	21,051 \$	244,387.68	\$ 11.61	.375 \$	127.68	\$ 4.35
47	69	5 <b>,</b> 680.87	82.33	.001	120.87	.10
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
294	8 <b>,</b> 919	120,243.77	13.48	.159	408.99	2.14
291	8 <b>,</b> 160	88,512.95	10.85	.145	304.17	1.58
2	726	1,041.90	1.44	.013	520.95	.02
32	33	30,688.92	929.97	.001	959.03	.55
2	4	64.88	16.22	.000	32.44	.00
1	3	208.74	69.58	.000	208.74	.00
78	78	8,190.00	105.00	.001	105.00	.15
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
495	1,059	9,214.41	8.70	.019	18.61	.16
232	1,743	27,891.80	16.00	.031	120.22	.50
0	0	.00	.00	.000	.00	.00
30	51	5,098.91	99.98	.001	169.96	.09
29	50	5,048.96	100.98	.001	174.10	.09
1	1	49.95	49.95	.000	49.95	.00
0	0	.00	.00	.000	.00	.00
67	193	7,785.23	40.34	.003	116.20	.14
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
583	4,617	53,145.17	11.51	.082	91.16	.95
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
123	4,315	6,863.90	1.59	.077	55.80	.12
103	708 \$	143,570.32	\$ 202.78	.013 \$	1393.89	\$ 2.56
	1,914 47 0 0 294 291 2 32 2 1 78 0 0 495 232 0 30 29 1 0 67 0 583 0 0 123	OR DAYS OF CARE  1,914 21,051 47 69 0 0 0 0 294 8,919 291 8,160 2 726 32 33 2 4 1 3 78 78 0 0 0 0 495 232 1,743 0 0 30 51 29 50 1 0 0 67 193 0 0 0 583 4,617 0 0 0 0 123 4,315	OR DAYS OF CARE  1,914 21,051 3,680.87 0 0 0 0 0 0 0 294 8,919 120,243.77 291 8,160 88,512.95 2 726 1,041.90 32 33 30,688.92 2 4 64.88 1 3 208.74 78 78 78 78 78 8,190.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  1,914 21,051 47 69 5,680.87 82.33 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER ELIG PER UNIT/DAY           1,914         21,051         \$ 244,387.68         \$ 11.61         .375         \$           47         69         5,680.87         82.33         .001           0         0         .00         .00         .000           294         8,919         120,243.77         13.48         .159           291         8,160         88,512.95         10.85         .145           2         726         1,041.90         1,44         .013           32         33         30,688.92         929.97         .001           2         4         64.88         16.22         .000           1         3         208.74         69.58         .000           78         78         8,190.00         105.00         .001           0         0         .00         .00         .000           495         1,059         9,214.41         8.70         .019           232         1,743         27,891.80         16.00         .031           0         0         .00         .00 <td< td=""><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           1,914         21,051         \$ 244,387.68         \$ 11.61         .375         \$ 127.68           47         69         5,680.87         82.33         .001         120.87           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           294         8,919         120,243.77         13.48         .159         408.99           291         8,160         88,512.95         10.85         .145         304.17           2         726         1,041.90         1.44         .013         520.95           32         33         30,688.92         929.97         .001         959.03           2         4         64.88         16.22         .000         32.44           1         3         208.74         69.58         .000         208.74           78         78         8,190.00         105.00         .001         105.00           0         0         .00         .00         .00         .00           0         0         .00         .00<!--</td--></td></td<>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           1,914         21,051         \$ 244,387.68         \$ 11.61         .375         \$ 127.68           47         69         5,680.87         82.33         .001         120.87           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           294         8,919         120,243.77         13.48         .159         408.99           291         8,160         88,512.95         10.85         .145         304.17           2         726         1,041.90         1.44         .013         520.95           32         33         30,688.92         929.97         .001         959.03           2         4         64.88         16.22         .000         32.44           1         3         208.74         69.58         .000         208.74           78         78         8,190.00         105.00         .001         105.00           0         0         .00         .00         .00         .00           0         0         .00         .00 </td

@XOVER EXCLUDING STATE HOSP\*\* 65 138 \$ 5,866.17 \$ 42.51 .002 \$ 90.25 \$ .10

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,473

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR ALL MED	ICALL	Y INDIGENT				~-	
						MON			
3,130 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,720	8 <b>,</b> 257	\$	488,264.76	\$ 59.13	2.638 \$		\$	156.00
@PHYSICIANS SERVICES	303	565	\$	21,662.82	\$ 38.34	.181 \$		\$	6.92
OUTPATIENT VISITS	128	188		7 <b>,</b> 316.11	38.92	.060	57.16		2.34
OFFICE VISITS	81	99		3,604.51	36.41	.032	44.50		1.15
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	24	25		1,168.85	46.75	.008	48.70		.37
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	12	50		2,119.60	42.39	.016	176.63		.68
OTHER OUTPATIENT	13	14		423.15	30.23	.004	32.55		.14
INPATIENT VISITS	18	34		1,359.74	39.99	.011	75.54		.43
HOSPITAL VISITS	11	23		1,057.24	45.97	.007	96.11		.34
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	7	11		302.50	27.50	.004	43.21		.10
OPHTHALMOLOGICAL SERVICES	6	 6		243.54	40.59	.002	40.59		.08
EXAMINATIONS	6	6		243.54	40.59	.002	40.59		.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	9	32		2,509.05	78.41	.010	278.78		.80
PRINCIPAL SURGEON	3	3		1,633.28	544.43	.001	544.43		.52
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50		.06
ANESTHESIOLOGIST	5	28		689.27	24.62	.009	137.85		.22
OUTPATIENT SURGERY	25	40		3,005.37	75.13	.013	120.21		.96
PRINCIPAL SURGEON	24	31		2,828.70	91.25	.010	117.86		.90
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	ĺ	9		176.67	19.63	.003	176.67		.06
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	23	27		506.39	18.76	.009	22.02		.16
RADIOLOGY	137	183		4,982.98	27.23	.058	36.37		1.59
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	5		164.63	32.93	.002	54.88		.05
OTHER SERVICES/ALL X-OVERS	32	50		1,575.01	31.50	.016	49.22		.50
@PHARMACY	640	1,691	\$	87,926.24	\$ 52.00	.540 \$		\$	28.09
PRESCRIPTION DRUGS	636	•	Ą	87,514.18	58.93	.474	137.60	Ą	27.96
SNF/ICF	12	1,485 91		7,488.79	82.29	.029	624.07		2.39
	624	1,394		80,025.39	57.41	.445	128.25		25.57
OUTPATIENTS	5	206		412.06	2.00	.066	82.41		.13
MEDICAL SUPPLIES	33		\$		\$ 28.10			<u>_</u>	
@DENTIST	27	176 111	Ş	4,945.50 1,469.50	13.24	.056 \$	149.86 54.43	Þ	1.58 .47
VISITS - DIAGNOSTIC	9			•					
ORAL SURGERY	9	20		1,525.00	76.25	.006	169.44		.49
DRUGS	3			.00	.00	.000	.00		.00
ANESTHESIA		3		300.00	100.00	.001	100.00		.10
PERIODONTICS	0 2	0		.00	.00	.000	.00		.00
ENDODONTICS	_	2		330.00	165.00	.001	165.00		.11
RESTORATIVE DENTISTRY	11	37		1,166.00	31.51	.012	106.00		.37
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00		.04

MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.01
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 2,474
MOP024	FEE-FOR-SERVICE/DENTA	AL .					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES E	OR ALL MEDICA	ALLY INDIGENT				

DEL NORIE COUNTI	SUMMARI OF SER	VICES FOR ALL MI	PDICAPPI	INDIGENI							
							MO	ľИC	THLY AVERA	GΕ	
3,130 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAL	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	37	82	\$	1,837.39	\$	22.41	.026	\$	49.66	\$	.59
DIAGNOSTIC AND ANC. PROCED	22	23		954.96		41.52	.007		43.41		.31
EYE APPLIANCES	24	59		882.43		14.96	.019		36.77		.28
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.001	\$	16.72	\$	.01
VISITS	2	2		33.44		16.72	.001		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	62.41	\$	62.41	.000	\$	62.41	\$	.02
MEDICINE/INJECTIONS	1	1		62.41		62.41	.000		62.41		.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.000	\$	74.86	\$	.02
NURSE ANESTHESIST	12	108	\$	1,936.94	\$	17.93	.035	\$	161.41	\$	.62
NURSE MIDWIFE	6	23	\$	1,844.30	\$	80.19	.007	\$	307.38	\$	.59
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	529	3 <b>,</b> 092	\$	205,439.99	\$	66.44	.988	\$	388.36	\$	65.64
HOSP INPATIENT TOTAL	21	82		119,188.46		1453.52	.026		5675.64		38.08
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	21	82		119,188.46		1453.52	.026		5675.64		38.08
ACCOMMODATIONS	21	82		50,056.63		610.45	.026		2383.65		15.99

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	82	50,056.63	610.45	.026	2383.65	15.99
ANCILLARIES	21	0	69 <b>,</b> 131.83	.00	.000	3291.99	22.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	520	3,010	86,251.53	28.65	.962	165.87	27.56
MEDICAL	188	280	15,549.07	55.53	.089	82.71	4.97
SURGERY	46	66	3,207.55	48.60	.021	69.73	1.02
PATHOLOGY	225	980	12,410.52	12.66	.313	55.16	3.97
RADIOLOGY	155	211	12,041.05	57.07	.067	77.68	3.85
ROOM USE	329	522	18,334.20	35.12	.167	55.73	5.86
CROSSOVERS/ALL OTH OUTPINT	254	951	24,709.14	25.98	.304	97.28	7.89
@COUNTY HOSPITAL TOTAL	5	36 \$	1,120.72	\$ 31.13	.012 \$	224.14	\$ .36
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ō	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ō	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	36	1,120.72	31.13	.012	224.14	.36
MEDICAL	Ō	0	.00	.00	.000	.00	.00
SURGERY	2	4	120.42	30.11	.001	60.21	.04
PATHOLOGY	2	12	257.76	21.48	.004	128.88	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	9	567.55	63.06	.003	189.18	.18
CROSSOVERS/ALL OTH OUTPINT		11	174.99	15.91	.004	35.00	.06
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 2,475
MOP024	FEE-FOR-SERVICE						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDICALI	LY INDIGENT				
					MONT	THLY AVERA	GE
3,130 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	524	3,056 \$	204,319.27	\$ 66.86	.976 \$	389.92	\$ 65.28
COMM HOSP INPATIENT TOTAL	21	82	119,188.46	1453.52	.026	5675.64	38.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	21	82	119,188.46	1453.52	.026	5675.64	38.08
ACCOMMODATIONS	21	82	50,056.63	610.45	.026	2383.65	15.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	21	82	50,056.63	610.45	.026	2383.65	15.99
ANCILLARIES	21	0	69,131.83	.00	.000	3291.99	22.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	515	2,974	85,130.81	28.63	.950	165.30	27.20
MEDICAL	188	280	15 <b>,</b> 549.07	55.53	.089	82.71	4.97
SURGERY	44	62	3,087.13	49.79	.020	70.16	.99
PATHOLOGY	223	968	12,152.76	12.55	.309	54.50	3.88
RADIOLOGY	155	211	12,041.05	57.07	.067	77.68	3.85
ROOM USE	326	513	17,766.65	34.63	.164	54.50	5.68
CROSSOVERS/ALL OTH OUTPTNT	249	940	24,534.15	26.10	.300	98.53	7.84

0 \$

.00 \$ .00

.000 \$ .00 \$ .00

@STATE HOSPITAL

0

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	366	\$	36,643.34	\$	100.12	.117	\$	3053.61	\$	11.71
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	366		36,643.34		100.12	.117		3053.61		11.71
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	16	\$	437.82	\$	27.36	.005	\$	145.94	\$	.14
HOSPITAL BASED	1	8		257.60		32.20	.003		257.60		.08
INDEPENDENT FACILITY	2	8		180.22		22.53	.003		90.11		.06
@LABORATORY FACILITY	120	294	\$	4,879.49	\$	16.60	.094	\$	40.66	\$	1.56
PATHOLOGY	120	294		4,879.49		16.60	.094		40.66		1.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	763	1,076	\$	107,828.05	\$	100.21	.344	\$	141.32	\$	34.45
CLINIC	9	49		1,813.49		37.01	.016		201.50		.58
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	757	1,027		106,014.56		103.23	.328		140.05	_	33.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	IRES M	I()N'I'H=()F'=PAYMF:N'I' R	F: P( ) R 'I	' FOR JAN	2004 THRU	1) H; ( )	' '211114	Р	AGE 2,476
110 00 0 0 4			лан .	OIVIII OI IIIIIIDIVI IC			2001 111110	טטכ	, 2004	-	
MOPO24	FEE-FOR-SERVICE	I/DENTAL				1011 01111	2001 111110	DLC	, 2004	-	03/14/05
MOP024 DEL NORTE COUNTY											03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	COMMENTAL CONTROL OF THE COMMENT OF	DICAL	LY INDIGENT			M	IONT	'HLY AVERA	.GE	03/14/05
		COMMENTAL CONTROLL CO	DICAL E		AVE	RAGE COST	M UNITS/DAY	IONT	HLY AVERA	.GE	03/14/05  COST PER
DEL NORTE COUNTY  3,130 ELIGIBLES	SUMMARY OF SERV	COMENTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF	DICAL E RE	LY INDIGENT EXPENDITURES	AVE PEF	RAGE COST	M UNITS/DAY PER ELIG	IONT 'S	'HLY AVERA COST PER USER	.GE	03/14/05  COST PER ELIGIBLE
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERV USERS 89	COMENTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764	DICAL E	LY INDIGENT  EXPENDITURES  12,712.17	AVE	GRAGE COST R UNIT/DAY 16.64	UNITS/DAY PER ELIG	IONT 'S	HLY AVERA COST PER USER 142.83	.GE	03/14/05  COST PER ELIGIBLE 4.06
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 89 1	COMENTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1	DICAL E RE	EXPENDITURES  12,712.17 96.53	AVE PEF	RAGE COST UNIT/DAY 16.64 96.53	M UNITS/DAY PER ELIG .244 .000	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53	.GE	03/14/05 
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 89 1 0	C/DENTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00	AVE PEF	CRAGE COST CUNIT/DAY 16.64 96.53 .00	M UNITS/DAY PER ELIG .244 .000	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53	.GE	03/14/05  COST PER ELIGIBLE 4.06 .03 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERV USERS 89 1 0	COUNTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0 0	DICAL E RE	EXPENDITURES  12,712.17  96.53 .00 .00	AVE PEF	CRAGE COST CUNIT/DAY 16.64 96.53 .00	M UNITS/DAY PER ELIG .244 .000 .000	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00	.GE	03/14/05  COST PER ELIGIBLE 4.06 .03 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 89 1 0 0 30	COUNTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0 0 402	DICAL E RE	EXPENDITURES  12,712.17  96.53  .00  .00  7,267.46	AVE PEF	CRAGE COST CUNIT/DAY 16.64 96.53 .00 .00 18.08	M UNITS/DAY PER ELIG .244 .000 .000 .000	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25	.GE	03/14/05 
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 89 1 0 0 30 25	COUNTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0 0 402 374	DICAL E RE	EXPENDITURES  12,712.17  96.53  .00  .00  7,267.46 3,966.81	AVE PEF	CRAGE COST CUNIT/DAY 16.64 96.53 .00 .00 18.08 10.61	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67	.GE	03/14/05 
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVE USERS  89 1 0 0 30 25 4	COUNTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0 0 402 374 25	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77	AVE PEF \$	CRAGE COST CUNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 89 1 0 0 30 25	COUNTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF 764 1 0 0 402 374 25 3	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88	AVE PEF \$	CRAGE COST CUNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 89 1 0 0 30 25 4 3	COUNTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF 764 1 0 0 402 374 25 3 0	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 .215.77 3,084.88 .00	AVE PEF \$	RAGE COST UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00	.GE	03/14/05   COST PER  ELIGIBLE  4.06 .03 .00 .00 2.32 1.27 .07 .99 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	SUMMARY OF SERV USERS 89 1 0 0 30 25 4 3 0	C/DENTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0 0 402 374 25 3 0 0	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00	AVE PEF \$	RAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	SUMMARY OF SERV USERS  89 1 0 30 25 4 3 0 0 17	C/DENTAL CICES FOR ALL ME UNITS OF SERVIC OR DAYS OF CAF 764 1 0 0 402 374 25 3 0 0 17	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00	AVE PEF \$	RAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	SUMMARY OF SERV USERS	C/DENTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF 764 1 0 402 374 25 3 0 0 17	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00	AVE PEF \$	CRAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV USERS	COUNTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF 764 1 0 0 402 374 25 3 0 0 17 0 0	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 .00	AVE PEF \$	CRAGE COST CUNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	SUMMARY OF SERV USERS	COUNTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF 764 1 0 0 402 374 25 3 0 0 17 0 45	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 364.69	AVE PEF \$	CRAGE COST CUNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 .00 8.10	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000 .005 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 .00 .00 18.23	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00 .00 .12
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	SUMMARY OF SERV USERS	COUNTAL CICES FOR ALL ME UNITS OF SERVICE OR DAYS OF CAF 764 1 0 0 402 374 25 3 0 0 17 0 0	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 .00	AVE PEF \$	CRAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	SUMMARY OF SERV USERS	### CONTRACT   CONTRAC	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84	AVE PEF \$	GRAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84 .00	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000 .005 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84 .00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00 .00 .12 .01
3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SERV USERS	### CONTRACT   CONTRAC	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84 .00	AVE PEF \$	CRAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000 .005 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00 .00 .12 .01
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS  89 1 0 0 30 25 4 3 0 0 17 0 0 20 1 0 1	### CONTRACT   CONTRAC	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84 .00 97.66	AVE PEF \$	GRAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84 .00 48.83	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000 .005 .000 .000	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84 .00 97.66	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00 .00 .12 .01 .00 .03
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	SUMMARY OF SERVE USERS  89 1 0 0 30 25 4 3 0 0 17 0 0 20 1 0 1 1	### CONTRACT   CONTRAC	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84 .00 97.66 97.66	AVE PEF \$	GRAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84 .00 48.83 48.83	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .005 .000 .005 .000 .000	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84 .00 97.66 97.66	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00 .00 .12 .01 .00 .03 .03
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	SUMMARY OF SERVE USERS  89 1 0 0 30 25 4 3 0 0 17 0 0 20 1 0 1 1 0 1	### CONTRACT   CONTRAC	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84 .00 97.66 97.66 .00	AVE PEF \$	RAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .244 .000 .000 .000 .128 .119 .008 .001 .000 .000 .005 .000 .000 .000 .000	IONT 'S	CHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84 .00 97.66 97.66 .00	.GE	03/14/05 COST PER ELIGIBLE 4.06 .03 .00 .00 2.32 1.27 .07 .99 .00 .00 .57 .00 .00 .12 .01 .00 .03 .03 .03 .00
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	SUMMARY OF SERVE USERS  89 1 0 0 30 25 4 3 0 0 17 0 0 20 1 1 0 1 1 0 0 0	### CONTAL PROPERTY OF CAPTURE OF	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 .215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84 .00 97.66 97.66 .00 .00	AVE PEF \$	RAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84 .00 48.83 48.83 .00 .00	M UNITS/DAY PER ELIG	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84 .00 97.66 97.66 .00 .00	.GE	03/14/05
DEL NORTE COUNTY  3,130 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	SUMMARY OF SERVE USERS  89 1 0 0 30 25 4 3 0 0 17 0 0 20 1 1 0 0 1 1 0 0 4	### CONTAL PROPERTY OF CAPTURE OF	DICAL E RE	EXPENDITURES  12,712.17 96.53 .00 .00 7,267.46 3,966.81 .215.77 3,084.88 .00 .00 1,785.00 .00 364.69 34.84 .00 97.66 97.66 .00 .00 510.52	AVE PEF \$	RAGE COST 2 UNIT/DAY 16.64 96.53 .00 .00 18.08 10.61 8.63 1028.29 .00 .00 105.00 .00 8.10 34.84 .00 48.83 48.83 .00 .00 42.54	MUNITS/DAY PER ELIG	IONT 'S	PHLY AVERA COST PER USER 142.83 96.53 .00 .00 242.25 158.67 53.94 1028.29 .00 .00 105.00 .00 18.23 34.84 .00 97.66 97.66 .00 .00 127.63	.GE	03/14/05

LOCAL EDUCATION AGENCIES	14	282	2,539.45	9.01	.090	181.39	.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	25	66	\$ 4,291.05	\$ 65.02	.021	\$ 171.64	\$ 1.37
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,477 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR	RENAL	DIALYS	SIS		AID CODES	71			
									HLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF			I	EXPENDITURES		UNITS/DAY			COST PER
		OR DAYS					UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5		130	\$		7,992.33	\$ 61.48	.000	1598.47	\$	.00
@PHYSICIANS SERVICES	0		0	\$		.00	\$ .00	.000	\$ .00	\$	.00
OUTPATIENT VISITS	0		0			.00	.00	.000	.00		.00
OFFICE VISITS	0		0			.00	.00	.000	.00		.00
HOME VISITS	0		0			.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0			.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0			.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0			.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0			.00	.00	.000	.00		.00
INPATIENT VISITS	0		0			.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0			.00	.00	.000	.00		.00
CRITICAL CARE	0		0			.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00	.00	.000	.00		.00
EXAMINATIONS	0		0			.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0			.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0			.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0			.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0			.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0			.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0			.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0			.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0			.00	.00	.000	.00		.00
DIALYSIS	0		0			.00	.00	.000	.00		.00
PATHOLOGY	0		0			.00	.00	.000	.00		.00
RADIOLOGY	0		0			.00	.00	.000	.00		.00
PSYCHIATRY	0		0			.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0			.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00	.00	.000	.00		.00
@PHARMACY	5		18	\$		2,011.12	\$ 111.73	.000	\$ 402.22	\$	.00
PRESCRIPTION DRUGS	5		18			2,011.12	111.73	.000	402.22		.00
SNF/ICF	0		0			.00	.00	.000	.00		.00
OUTPATIENTS	5		18			2,011.12	111.73	.000	402.22		.00
MEDICAL SUPPLIES	0		0			.00	.00	.000	.00		.00
@DENTIST	0		0	\$		.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0		0			.00	.00	.000	.00		.00
ORAL SURGERY	0		0			.00	.00	.000	.00		.00
DRUGS	0		0			.00	.00	.000	.00		.00
ANESTHESIA	0		0			.00	.00	.000	.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	TH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 2,478
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR RENAL DIALYSIS	5	AID CODES 7	71		
				_	MONT	HIY AVERAG	E

MONTHLY AVERAGE AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY OR DAYS OF CARE PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES

.00 .00 .00 @CHIROPRACTOR 0 \$ .00 \$ .00 .000 \$ \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 @PODIATRIST .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .00 .000 .00 0 .00 .00 .00 OTHER .000 .00 0 \$ .00 @HOME HEALTH AGENCY .00 .00 .000 \$ \$ .00 0 NURSE ANESTHESIST .00 \$ .00 .000 .00 \$ .00 0 .00 NURSE MIDWIFE .00 \$ .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 0 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM 0 ANCILLARIES .00 .00 .000 .00 .00 0 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 0 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 HSC HOSPITALS .00 .000 .00

0

NON-HSC HOSPITALS TOTAL

ACCOMMODATIONS

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A DATATIOND A MILIT DAVIG	0	0	0.0	0.0	0.00	0.0	0.0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 2,479
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	RENAL DIALYSIS		AID CODES	71		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	Õ	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	112	\$	5,981.21	\$	53.40	.000	\$	1993.74	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	112		5,981.21		53.40	.000		1993.74		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 20	04 THRU	DEC	2004	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL									(	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES 7	1				
						_	M	ONT	HLY AVERA	GE	

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,481 FEE-FOR-SERVICE/DENTAL

03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

DEL NORIE COUNTI	SUMMARI OF SERVICE	S FOR IOIAL	PARENI	ERAL NUIRIIION	AID CODES	13		
						MON	THLY AVERAG	SE
00 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
	(	OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000	,	.00		.00
@DENTIST	0		0 \$		.00	Ś	.00	.000		.00	\$	.00
VISITS - DIAGNOSTIC	0		0 7 0	,	.00	Ą	.00	.000		.00	۲	.00
	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0									
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	•		-		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	)	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	)	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	)	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPEND	ITURES	MONTH-C	F-PAYMENT F	REPOR	r for jan 2	2004 THRU	DEC	2004	Р	AGE 2,482
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR TOT.	AL PAR	RENTERAL	NUTRITION		AID CODES	73				
									MONT	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SER	VICE	EΣ	KPENDITURES	AV	ERAGE COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS OF					R UNIT/DAY	PER ELI		USER		ELIGIBLE
@OPTOMETRIST	0		0 \$	;	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	Ō		0		.00	-	.00	.000		.00	- T	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 \$		.00	\$	.00	.000		.00	\$	.00
VISITS	0		0		.00	Y	.00	.000		.00	7	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		o O Ś	:	.00	s	.00	.000		.00	\$	.00
MEDICINE/INJECTIONS	0		0 7	,	.00	Ÿ	.00	.000		.00	Y	.00
	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY OTHER	0		0		.00		.00	.000		.00		.00
	0				.00	Ċ				.00	Ċ	
@HOME HEALTH AGENCY	0		0 \$			\$ \$	.00	.000			\$ \$	.00
NURSE ANESTHESIST	•		0 \$		.00		.00	.000		.00		.00
NURSE MIDWIFE	0		0 \$		.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$		.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0 \$		.00	\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	0		0 \$	5	.00	\$	.00	.000		.00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	)	.00		.00
ANCILLARIES	0		0		.00		.00	.000	)	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	)	.00		.00
ALL OBUILD INDABLEME	^		^		0.0		0.0	000		0.0		0.0

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0					
NON-HSC HOSPITALS TOTAL	U	-	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC					PAGE 2,483
MOP024	FEE-FOR-SERVICE						03/14/05
DEL NORTE COUNTY		ICES FOR TOTAL PARENT	FRAT. NIITRTTTON	AID CODES	73		03/11/03
DDD NORTH COORT	SOTHER OF SERVE			TILD CODEC	MONT	HIY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EETOIDEE	OBLICE	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	
TRANSITIONAL IP CARE	0	0		.00			.00
ALL OTHER ACCOM	0	-	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE		'			•	-	•
	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDH

ICF DD

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDIT	URES N	MONTH-OF-PAYMENT RI	EPOR1	FOR JAN 2	2004 THRU	DEC	2004	PAGE	2,484
MOP024	FEE-FOR-SERVICE/	DENTAL								0.3	3/14/05
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE/I SUMMARY OF SERVI		PAREI	NTERAL NUTRITION		AID CODES	73			03	3/14/05
			PAREI	NTERAL NUTRITION		AID CODES	73 M	TNC	HLY AVERA		3/14/05
	SUMMARY OF SERVI			NTERAL NUTRITION EXPENDITURES	AVE	AID CODES	M		HLY AVERA	GE	3/14/05  F PER
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR TOTAL	CE				M			GE COSI	
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE			ERAGE COST	UNITS/DAY	S C	COST PER	GE COSI	PER
DEL NORTE COUNTY  00 ELIGIBLES	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES		ERAGE COST R UNIT/DAY	UNITS/DAY	S C	COST PER USER	GE COSI ELIG	PER
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES .00		ERAGE COST R UNIT/DAY .00	UNITS/DAY PER ELIG	S C	COST PER USER .00	GE COSI ELIG	PER GIBLE
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES .00 .00		ERAGE COST R UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000	S C	COST PER USER .00	GE COSI ELIG	PER GIBLE .00
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES .00 .00 .00		ERAGE COST R UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S C	COST PER USER .00 .00	GE COSI ELIG	F PER GIBLE .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES .00 .00 .00 .00		ERAGE COST R UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S C	USER .00 .00 .00 .00	GE COSI ELIG	F PER GIBLE .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES .00 .00 .00 .00		ERAGE COST R UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S C	USER .00 .00 .00 .00 .00	GE COSI ELIG	PER GIBLE .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES		ERAGE COST R UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S C	USER	GE COSI ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES		ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	S C	USER	GE COSI ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES		ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S C	USER	GE COSI ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
DEL NORTE COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVI	CES FOR TOTAL JNITS OF SERVI	CE RE	EXPENDITURES		ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S C	USER	GE COSI ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,485 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

DEL NORTE COONTI	DOMMANT OF DER	VICES FOR INCA ALIENS	AID	CODED 31 32 30	5 /		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2004 THRU DEC	2004	PAGE 2,486
MOP024	FEE-FOR-SERVICE/DENTA	.L					03/14/05

AID CODES 51 52 56 57

SUMMARY OF SERVICES FOR IRCA ALIENS

DEL NORTE COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 .00 \$ @OPTOMETRIST .00 .000 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 NURSE MIDWIFE .00 \$ .00 .000 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$ .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 200	4 THRU DEC	2004	PAGE 2,487
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIEN	IS AID C	ODES 51 52 56 57			
					MONT	HLY AVERAG	E
OO ELICIBLES	TICEDO TINTERO OE	CEDVICE	EADEMDILLIDEG	ATTEDACE COOR IIN	TTTC/DAVC	COCH DED	COCH DED

					MON'I	'HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00 \$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT REPO	RT FOR JAN 2004	THRU	DEC 200	4	PAGE	2,488
MOP024	FEE-FOR-SERVICE/DENTAL								03	/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	IRCA AI	LIENS	AID COD	ES 51 52 56 57					

DEL NORTE COUNTT	SOUTHWILL OF SELV	VICES FOR INCA AL	CATELL	AID '	CODES 31 32 30	5 /		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBI
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .0
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.0
BLOOD BANK	0	0		.00	.00	.000	.00	.0
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.0
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	. (
OTHER TRANS	0	0		.00	.00	.000	.00	. (
OTHER SERVICES	0	0		.00	.00	.000	.00	. (
ACUPUNCTURE	0	0		.00	.00	.000	.00	. (
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	. (
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	. (
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	. (
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	. (
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	. (
ORTHOTICS	0	0		.00	.00	.000	.00	. (
PSYCHOLOGIST	0	0		.00	.00	.000	.00	. (
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	. (
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	. (
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	. (
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	. (
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	. (
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	. (
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .0

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,489

MOP024 FEE-FOR-SERVICE/DENTAL

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

		MONTHLY AV							
314 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@TOTAL, ALL PROVIDERS	138	1,260 \$	5	122,930.12	\$ 97.56	4.013 \$	890.80	\$	391.50
@PHYSICIANS SERVICES	32	103 \$	5	6 <b>,</b> 971.38	\$ 67.68	.328 \$	217.86	\$	22.20
OUTPATIENT VISITS	3	7		239.22	34.17	.022	79.74		.76
OFFICE VISITS	1	2		88.59	44.30	.006	88.59		.28
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2	5		150.63	30.13	.016	75.32		.48
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	2	7		394.80	56.40	.022	197.40		1.26
HOSPITAL VISITS	2	7		394.80	56.40	.022	197.40		1.26
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4	5		2,065.09	413.02	.016	516.27		6.58
PRINCIPAL SURGEON	3	4		1,878.59	469.65	.013	626.20		5.98
ASSISTANT SURGEON	1	1		186.50	186.50	.003	186.50		.59
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	2		300.66	150.33	.006	150.33		.96
PRINCIPAL SURGEON	2	2		300.66	150.33	.006	150.33		.96

ASSISTANT SURGEON	0	0			.00		.00	.0	0.0		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.0	0 C		.00		.00
DIALYSIS	3	28			882.20		31.51	.0	39		294.07		2.81
PATHOLOGY	1	1			23.11		23.11	.0	03		23.11		.07
RADIOLOGY	23	39		1,	169.90		30.00	.1	24		50.87		3.73
PSYCHIATRY	0	0			.00		.00	.0	0 C		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.0	0 C		.00		.00
OTHER SERVICES/ALL X-OVERS	4	14		1,	896.40		135.46	.0	45		474.10		6.04
@PHARMACY	50	114	\$	5,	979.16	\$	52.45	.3	63	\$	119.58	\$	19.04
PRESCRIPTION DRUGS	50	114		5,	979.16		52.45	.3	63		119.58		19.04
SNF/ICF	0	0			.00		.00	.0	0 C		.00		.00
OUTPATIENTS	50	114		5,	979.16		52.45	.3	63		119.58		19.04
MEDICAL SUPPLIES	0	0			.00		.00	.0	0 C		.00		.00
@DENTIST	0	0	\$		.00	\$	.00	.0	0 C	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.0	0.0		.00		.00
ORAL SURGERY	0	0			.00		.00	.0	0 C		.00		.00
DRUGS	0	0			.00		.00	.0	0.0		.00		.00
ANESTHESIA	0	0			.00		.00	.0	0.0		.00		.00
PERIODONTICS	0	0			.00		.00	.0	0.0		.00		.00
ENDODONTICS	0	0			.00		.00	.0	0 C		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.0	0.0		.00		.00
PROSTHETICS	0	0			.00		.00	.0	0 C		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.0	0 C		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.0	0 C		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.0	0.0		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.0	0 C		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.0	0 C		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.0	0 C		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	ONTH-OF-PA	YMENT R	EPORT	FOR JAN	2004 TH	RU I	DEC	2004	PAG	•
MOP024	FEE-FOR-SERVICE/DENTA												03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES F	OR MI/MN	ALIEN	WITHOUT S	IS AID	CODE	55 58 5F						

DEL NORIE COUNTI	SUMMAKI OF SEK	VICES FOR MI/MN	ALIEN	WIIHOUI 313 AID	CODE	10001					
									THLY AVERA	.GE	
314 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	3	20	\$	502.65	\$	25.13	.064	\$	167.55	\$	1.60
NURSE MIDWIFE	6	13	\$	2,541.18	\$	195.48	.041	\$	423.53	\$	8.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	74	642	\$	85,679.32	\$	133.46	2.045	\$	1157.83	\$	272.86
HOSP INPATIENT TOTAL	11	43		68,499.81		1593.02	.137		6227.26		218.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	11	43		68,499.81		1593.02	.137		6227.26		218.15
ACCOMMODATIONS	11	43		30,080.40		699.54	.137		2734.58		95.80

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	•	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	43	30,080.40	699.54	.137	2734.58	95.80
ANCILLARIES	11	0	38,419.41	.00	.000	3492.67	122.35
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	599	17,179.51	28.68	1.908	248.98	54.71
MEDICAL	13	22	1,325.34	60.24	.070	101.95	4.22
SURGERY	3	4	74.48	18.62	.013	24.83	.24
PATHOLOGY	41	176	2,184.94	12.41	.561	53.29	6.96
RADIOLOGY	23	30	2,185.01	72.83	.096	95.00	6.96
ROOM USE	44	97	3 <b>,</b> 456.51	35.63	.309	78.56	11.01
CROSSOVERS/ALL OTH OUTPTNT	39	270	7,953.23	29.46	.860	203.93	25.33
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES N		EPORT FOR JAN 2			PAGE 2,491
MOP024	FEE-FOR-SERVICE/DEN						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES		WITHOUT SIS AID O	CODE 55 58 5F			007 = 17 00
					MON	THLY AVERA	GE
314 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
011 55101555		DAYS OF CARE	2111 2112 1 0 1 1 2 2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	642 \$	85,679.32	\$ 133.46		1157.83	
COMM HOSP INPATIENT TOTAL	11	43	68,499.81	1593.02	.137	6227.26	218.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	11	43	68,499.81	1593.02	.137	6227.26	218.15
ACCOMMODATIONS	11	43	30,080.40	699.54	.137	2734.58	95.80
1100011110111110110		10	30,000.40	000.04	• ± 0 /	2,31.30	20.00

314 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	E]	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	642	\$	85,679.32	\$ 133.46	2.045	\$ 1157.83	\$	272.86
COMM HOSP INPATIENT TOTAL	11	43		68,499.81	1593.02	.137	6227.26		218.15
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	11	43		68,499.81	1593.02	.137	6227.26		218.15
ACCOMMODATIONS	11	43		30,080.40	699.54	.137	2734.58		95.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	11	43		30,080.40	699.54	.137	2734.58		95.80
ANCILLARIES	11	0		38,419.41	.00	.000	3492.67		122.35
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	69	599		17,179.51	28.68	1.908	248.98		54.71
MEDICAL	13	22		1,325.34	60.24	.070	101.95		4.22
SURGERY	3	4		74.48	18.62	.013	24.83		.24
PATHOLOGY	41	176		2,184.94	12.41	.561	53.29		6.96
RADIOLOGY	23	30		2,185.01	72.83	.096	95.00		6.96
ROOM USE	44	97		3,456.51	35.63	.309	78.56		11.01
CROSSOVERS/ALL OTH OUTPINT	39	270		7,953.23	29.46	.860	203.93		25.33
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00		\$	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	-	.00	7	.00	.000	7	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	-									
LEV B-REGULAR	U	0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	107	\$	11,327.39	\$	105.86	.341	\$	1618.20	\$	36.07
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	107		11,327.39		105.86	.341		1618.20		36.07
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	62	\$	609.86	\$	9.84	.197	Ś	38.12	Ś	1.94
PATHOLOGY	16	62	т	609.86	τ	9.84	.197	т	38.12	т	1.94
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	28	51	Ś	5,462.64	\$	107.11	.162	\$	195.09	ċ	17.40
	20	0	Ą	•	Ą	.00	.000	Ą		Ą	.00
CLINIC	•	•		.00					.00		
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	51		5,462.64		107.11	.162		195.09		17.40
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PP	AGE 2,492
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR MI/MN	ALIEN	N WITHOUT SIS AID	CODE	55 58 5F					
							M	ГИО	HLY AVERA	GE -	
314 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	C	COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	;	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	13	148	\$	3,856.54	\$	26.06	.471	\$	296.66	\$	12.28
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	142		3,226.54		22.72	.452		460.93		10.28
AMBULANCES/AIR TRANS	7	141		1,951.54		13.84	.449		278.79		6.22
OTHER TRANS	0	141		.00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES	1	1		1,275.00		1275.00	.003		1275.00		4.06
	0	0									
ACUPUNCTURE	U	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	U	U		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	6	6		630.00		105.00	.019		105.00		2.01
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST				.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
101111111111	0 0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0 0 0	-									
	0 0 0 0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0 0 0 0	0		.00		.00	.000		.00		.00

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HOSPICE SERVICES

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\emptyset^{\star}}$  Totals in these lines are given as a separate information item only;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,493 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	REFUGEE	ES	AID	CODES	01 02 08	0A			
									HLY AVERAC	3E	
01 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY			OST PER
		OR DAYS	OF CARE	2		PER	UNIT/DAY	PER ELIG	USER		LIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	.00	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00		.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00

PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXE	PENDITU	RES 1	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 2,494
MOP024	FEE-FOR-SERVICE,	DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR	REFUGE	ES	AID	CODES	01 02 08	0A				
								M	CNT	HLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ω	Λ	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ü	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	O	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	0						
@COUNTY HOSPITAL TOTAL	U	0 \$	.00	\$ .00	.000 \$		·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		•					
		CES AND EXPENDITURES MO	JNTH-OF-PAIMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 2,495
MOP024	FEE-FOR-SERVICE						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	JICES FOR REFUGEES	AID (	CODES 01 02 08	0A		
					MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
-		•		•			
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	ŭ	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
HEDICAL	U	U	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									.00
CROSSOVERS/ALL OTH OUTPTNT	0			.00		.00	.000		.00		
@STATE HOSPITAL	Ü	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		\$			ċ		ċ	
@HEMODIALYSIS TOTAL	0		\$	.00	Ą	.00	.000	ş	.00	\$	.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	т	.00	т	.00	.000	т	.00	τ	.00
	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	•	Ċ		Ċ			Ċ		Ċ	
@ORGANIZED OUTPATIENT CLINIC	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MO	NTH-OF-PAYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PAG	
MOP024	FEE-FOR-SERVICE/D										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVIC		c	7 T D	CODES	01 02 08	0.7\				03/11/03
DEL NORTE COUNTI	SUMMARI OF SERVIC	ES FOR REFUGEE.	٥	AID	CODES	01 02 06		ronimi	II	~ ==	
01 51 56 55 56					3				HLY AVERA		
01 ELIGIBLES		NITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		ST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		IGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER TRANS	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
	0	0									
PHYSICAL THERAPIST				.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.0	)	.00
ORTHOTICS	0	0	.00	.00	.000	.0	C	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	C	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	C	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.0	0	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	C	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	C	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	C	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	C	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .0	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .0	) \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,497 FEE-FOR-SERVICE/DENTAL

03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR BCCTP-FEDERAL	A.	ID CODES OM ON			
					MON		
70 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	124	950 \$	136,361.29	\$ 143.54	13.571 \$		\$ 1948.02
@PHYSICIANS SERVICES	71	356 \$	49,612.27	\$ 139.36	5.086 \$		\$ 708.75
OUTPATIENT VISITS	40	61	1,927.74	31.60	.871	48.19	27.54
OFFICE VISITS	39	60	1,883.14	31.39	.857	48.29	26.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.014	44.60	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	160.66	40.17	.057	80.33	2.30
HOSPITAL VISITS	2	4	160.66	40.17	.057	80.33	2.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	8	26	2,807.49	107.98	.371	350.94	40.11
PRINCIPAL SURGEON	7	9	2,576.04	286.23	.129	368.01	36.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17	231.45	13.61	.243	231.45	3.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	72	1,176.54	16.34	1.029	49.02	16.81
RADIOLOGY	27	83	8,361.90	100.75	1.186	309.70	119.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	60	34,046.73	567.45	.857	2431.91	486.38
OTHER SERVICES/ALL X-OVERS	17	50	1,131.21	22.62	.714	66.54	16.16
@PHARMACY	49	184 \$	57,455.25	\$ 312.26	2.629 \$	1172.56	\$ 820.79
PRESCRIPTION DRUGS	48	183	57,454.52	313.96	2.614	1196.97	820.78
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	48	183	57,454.52	313.96	2.614	1196.97	820.78

MEDICAL SUPPLIES	1		1		.73	3	.73	.014		.73		.01
@DENTIST	7		17	Ś	1,618.00			.243	Ś	231.14	Ś	23.11
VISITS - DIAGNOSTIC	2		5		93.00		18.60	.071		46.50		1.33
ORAL SURGERY	1		1		45.00		45.00	.014		45.00		.64
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	2		3		735.00		245.00	.043		367.50		10.50
RESTORATIVE DENTISTRY	5		7		605.00		86.43	.100		121.00		8.64
PROSTHETICS	0		, O		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1		1		140.00		140.00	.014		140.00		2.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
		IC AND EX		IDEC MONE					DEC		Б	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		PENDIT	JRES MONT	H-OF-PAIMENT	REPU	RT FOR JAN	2004 THRU	DEC	2004	Р	AGE 2,498
	FEE-FOR-SERVICE/		DOCED			7.7.0	CODEC OM ON	. 0.0				03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR	BCCTP-	-FEDERAL		AID	CODES 0M 0N		ONTIM!		CE	
70 ELICIDIES	HCEDC	IINITEC OF	CEDITE	7.0	EXPENDIBLE	7 7	TEDACE COCH	————— M				
70 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		VERAGE COST		S	COST PER USER		COST PER
0.0000000000000000000000000000000000000	4	OR DAYS			000 71		ER UNIT/DAY	_	<u> </u>			ELIGIBLE
@OPTOMETRIST	4		11	\$	233.71			.157	\$	58.43	\$	3.34
DIAGNOSTIC AND ANC. PROCED	2 4		2 9		94.90		47.45	.029		47.45		1.36
EYE APPLIANCES	0		9		138.81		15.42	.129		34.70		1.98
OTHER OPTOMETRIC SERVICES	9		•	Ś	.00		.00	.000	<u> </u>	.00	<u> </u>	.00
@CHIROPRACTOR	9		16	Ş	267.52			.229	\$	29.72	\$	3.82
VISITS			16		267.52		16.72	.229		29.72		3.82
OTHER SERVICES	0		0	_	.00		.00	.000	_	.00	_	.00
@PODIATRIST	0		0	\$	.00			.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	· ·		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER			0	_	.00		.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	2		9	Ş	622.01			.129		311.01	\$	8.89
NURSE ANESTHESIST	3		16	\$	252.68			.229	\$	84.23	\$	3.61
NURSE MIDWIFE	0		0	\$	.00		.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00			.000	\$	.00	\$	.00
@TOTAL HOSPITAL	39		237	\$	18,593.33			3.386	\$	476.75	\$	265.62
HOSP INPATIENT TOTAL	1		4		5,421.08		1355.27	.057		5421.08		77.44
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		4		5,421.08		1355.27	.057		5421.08		77.44
ACCOMMODATIONS	1		4		1,967.92		491.98	.057		1967.92		28.11
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		4		1,967.92		491.98	.057		1967.92		28.11
ANCILLARIES	1		0		3,453.16	5	.00	.000		3453.16		49.33
TAIDAMTHAM ODOGGGGGGGG	^		^		0.0	`	0.0	000		0.0		0.0

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

0

39

8

7

18

19

14

0

0

233

10

7

32

26

121

.00

13,172.25

10,002.95

1,361.21

481.79

404.05

462.69

.00

.00

.00

56.53

48.18

57.72

14.46

82.67

52.35

.000

.000

3.329

.143

.100

.457

.371

1.729

.00

.00

337.75

60.22

57.72

25.71

97.23

526.47

.00

.00

6.88

5.77

6.61

142.90

19.45

CROSSOVERS/ALL OTH OUTPINT	11	37		459.56	12.42	2 .529	41.78	6.57	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE	S MONT	'H-OF-PAYMENT R	EPORT FOR J	AN 2004 THRU 1	DEC 2004	PAGE 2,49	9
MOP024	FEE-FOR-SERVICE/DEN	ITAL						03/14/0	5
DEL NORTE COUNTY	SUMMARY OF SERVICES	FOR BCCTP-FE	EDERAL	A	ID CODES 0M	0N 0P			
						MO	ONTHLY AVERA	GE	
70 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES		DST UNITS/DAY:		COST PER	
		R DAYS OF CARE				DAY PER ELIG		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	39	237	\$	18,593.33	\$ 78.45	3.386	\$ 476.75	\$ 265.62	
COMM HOSP INPATIENT TOTAL	1	4		5,421.08	1355.2		5421.08	77.44	
HSC HOSPITALS	0	0		.00	.00		.00	.00	
NON-HSC HOSPITALS TOTAL	1	4		5,421.08	1355.2		5421.08	77.44	
ACCOMMODATIONS	1	4		1,967.92	491.98		1967.92	28.11	
ADMINISTRATIVE DAYS	0	0		.00	.00		.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	

ALL OTHER ACCOM 1 4 1,96	57.92 491.98 .057 1967.92 28.11
	33.16 .00 .000 3453.16 49.33
INPATIENT CROSSOVERS 0 0	.00 .00 .00 .00
ALL OTHER INPATIENT 0 0	.00 .00 .00 .00
COMM HOSP OUTPATIENT TOTAL 39 233 13,17	
	31.79 48.18 .143 60.22 6.88
SURGERY         7         7         40           PATHOLOGY         18         32         46	14.05 57.72 .100 57.72 5.77
	52.69 14.46 .457 25.71 6.61
, , , ,	
	51.21 52.35 .371 97.23 19.45 59.56 12.42 .529 41.78 6.57
@STATE HOSPITAL 0 0 \$	.00 \$ .00 .000 \$ .00 \$ .00
MENTALLY ILL 0 0	.00 .00 .000 .00 .00
DEVELOP. DISABLED 0 0	.00 .00 .000 .00
@NURSING FACILITY 0 0 \$	.00 \$ .00 .000 \$ .00 \$ .00
LEV A-INTERMEDIATE 0 0	.00 .00 .00 .00
LEV B-REHAB MD 0 0	.00 .00 .00 .00
LEV B-SUBACUTE FREESTANDING 0 0	.00 .00 .00 .00
LEV B-SUBACUTE HSPTL BASED 0 0	.00 .00 .00 .00
LEV B-TRANSITIONAL IP CARE 0 0	.00 .00 .00 .00
LEV B-REGULAR 0 0	.00 .00 .00 .00
@INTERMEDIATE CARE FACILDD 0 \$	.00 \$ .00 .000 \$ .00 \$ .00
ICF DDH 0 0	.00 .00 .00
ICF DD 0 0	.00 .00 .00 .00
ICF DDN/DDCN 0 0 \$	.00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00
@HEMODIALYSIS TOTAL00\$HOSPITAL BASED00	.00 \$ .00 .000 \$ .00 \$ .00 .00 .00
HEMODIALYSIS CENTER 0 0	.00 .00 .000 .00
@REHABILITATION FACILITY 0 0 \$	.00 \$ .00 .000 \$ .00 \$ .00
HOSPITAL BASED 0 0	.00 .00 .000 .00
INDEPENDENT FACILITY 0 0	.00 .00 .000 .00
	33.82 \$ 24.46 .429 \$ 81.54 \$ 10.48
PATHOLOGY 9 30 73.	33.82 24.46 .429 81.54 10.48
XO AND OTHERS 0 0 0 0 0 0 GORGANIZED OUTPATIENT CLINIC 32 61 \$ 6,78	.00 .00 .00 .00
@ORGANIZED OUTPATIENT CLINIC 32 61 \$ 6,78	80.97 \$ 111.16 .871 \$ 211.91 \$ 96.87
CLINIC 0 0	.00 .00 .00 .00
SURGICENTER 0 0	.00 .00 .00 .00
HEROIN DETOX CLINIC 0 0	.00 .00 .00
	80.97 111.16 .871 211.91 96.87
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYM	
MOP024 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL	03/14/05 AID CODES 0M 0N 0P
DEL NORTE COUNTI SUMMARI OF SERVICES FOR BCCIP-FEDERAL	AID CODES OM ON OP  MONTHLY AVERAGE
70 ELIGIBLES USERS UNITS OF SERVICE EXPENDIT	
OR DAYS OF CARE	PER UNIT/DAY PER ELIG USER ELIGIBLE
	91.73 \$ 14.75 .186 \$ 95.87 \$ 2.74
DURABLE MED. EQUIP. 0 0	
BLOOD BANK 0 0	.00 .00 .00 .00
HEARING AID DISPENSERS 0 0	.00 .00 .00 .00
MEDICAL TRANSPORTATION 0 0	.00 .00 .00 .00
AMBULANCES/AIR TRANS 0 0	.00 .00 .00 .00
OTHER TRANS 0 0	.00 .00 .00 .00
OTHER SERVICES 0 0	.00 .00 .00
ACUPUNCTURE 0 0	.00 .00 .000 .00
ADULT DAY HEALTH CARE CTR 0 0	.00 .00 .00 .00
GENETIC DISEASE TESTING 0 0	.00 .00 .000 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	000	.00	.00
OPTICIAN	1	2	16.64	8.	32 .0	)29	16.64	.24
PHYSICAL THERAPIST	1	11	175.09	15.	92 .1	L57	175.09	2.50
PORTABLE X-RAY	0	0	.00		.00	000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	000	.00	.00
PROSTHETICS	0	0	.00		.00	000	.00	.00
ORTHOTICS	0	0	.00		.00	000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$.	.00	000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$.	.00	000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,501 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

DEE NORTE COONTI	DOMINANT OF DELIVE	TCDD FOR DCCIL DIAID	ONLI	CODES ON OI OO	0 V		
					MON	THLY AVERA	GE
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14	30 \$	863.04	\$ 28.77	1.765 \$	61.65	\$ 50.77
@PHYSICIANS SERVICES	2	2 \$	48.00	\$ 24.00	.118 \$	24.00	\$ 2.82
OUTPATIENT VISITS	1	1	24.00	24.00	.059	24.00	1.41
OFFICE VISITS	1	1	24.00	24.00	.059	24.00	1.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	24.00	24.00	.059	24.00	1.41
@ PHARMACY	10	17 \$	692.69	\$ 40.75	1.000	\$ 69.27	\$ 40.75
PRESCRIPTION DRUGS	10	17	692.69	40.75	1.000	69.27	40.75
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	17	692.69	40.75	1.000	69.27	40.75
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,502
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

17 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 .00 \$ @OPTOMETRIST \$ .00 .000 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 \$ .00 \$ @CHIROPRACTOR .00 .000 \$ .00 VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 \$ NURSE MIDWIFE .00 \$ .000 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 \$ .00 @TOTAL HOSPITAL 10 30.46 3.05 .588 \$ 10.15 \$ 1.79 HOSP INPATIENT TOTAL .00 .00 .000 .00 0 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

----- MONTHLY AVERAGE -----

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DEL NORTE COUNTY

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL	2	10	30.46	3.05	.588	10.15	1.79
MEDICAL	2	2	.00	.00	.118	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	.00	.00	.176	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	30.46	6.09	.294	10.15	1.79
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0 7	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00		.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0			.000		
SURGERY PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0			.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00			
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	V MEDI CAI CEDITOEC AND ES	VDENDIMIDEC					
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAIMENT RE	PORT FOR JAN 20	04 THRU DEC	2004	PAGE 2,503
	FEE-FOR-SERVICE/DENTAL	DOCED CEN		ODER OD OE OU O	7		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP-STA	TE-UNLY AID C	CODES OR OT OU O			`
					MON'	THLY AVERAG	-L

					MC	NTHLY AVERA	GE ·	
17 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10	\$ 30.46	\$ 3.05	.588	\$ 10.15	\$	1.79
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	10	30.46	3.05	.588	10.15		1.79
MEDICAL	2	2	.00	.00	.118	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	2	3	.00	.00	.176	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	5	30.46	6.09	.294	10.15		1.79
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	91.89	\$	91.89	.059	\$	91.89	\$	5.41
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		91.89		91.89	.059		91.89		5.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES MONTH-	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 2,504
MOP024	FEE-FOR-SERVICE/DENTAL	L									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	OR BCCTP-S	STATE-ONLY	AID	CODES	OR OT OU	JOV				
								INOM	HLY AVERA	GE -	
17 ELIGIBLES	USERS UNITS	OF SERVICE	E E	XPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	С	OST PER
	OR DA	AYS OF CARE	1		PER	UNIT/DAY	PER ELI	G	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00			
@XOVER EXCLUDING STATE HOSP**	2	4 \$	54.46	\$ 13.62	.235	\$ 27.23	\$ 3.20

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,505 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	MONTHLY AVERAGE -								
87 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	138	980 \$	\$	137,224.33	\$ 140.02	11.264	\$ 994.38	\$	1577.29
@PHYSICIANS SERVICES	73	358 \$	\$	49,660.27	\$ 138.72	4.115	\$ 680.28	\$	570.81
OUTPATIENT VISITS	41	62		1,951.74	31.48	.713	47.60		22.43
OFFICE VISITS	40	61		1,907.14	31.26	.701	47.68		21.92
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		44.60	44.60	.011	44.60		.51
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	2	4		160.66	40.17	.046	80.33		1.85
HOSPITAL VISITS	2	4		160.66	40.17	.046	80.33		1.85
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	8	26		2,807.49	107.98	.299	350.94		32.27
PRINCIPAL SURGEON	7	9		2 <b>,</b> 576.04	286.23	.103	368.01		29.61

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	17		231.45		13.61	.195		231.45		2.66
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	24	72		1,176.54		16.34	.828		49.02		13.52
RADIOLOGY	27	83		8,361.90		100.75	.954		309.70		96.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	14	60		34,046.73		567.45	.690		2431.91		391.34
OTHER SERVICES/ALL X-OVERS	18	51		1,155.21		22.65	.586		64.18		13.28
@PHARMACY	59	201	\$	58,147.94	\$	289.29	2.310	\$	985.56	\$	668.37
PRESCRIPTION DRUGS	58	200		58,147.21		290.74	2.299		1002.54		668.36
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	58	200		58,147.21		290.74	2.299		1002.54		668.36
MEDICAL SUPPLIES	1	1		.73		.73	.011		.73		.01
@DENTIST	7	17	\$	1,618.00	\$	95.18	.195	\$	231.14	\$	18.60
VISITS - DIAGNOSTIC	2	5		93.00		18.60	.057		46.50		1.07
ORAL SURGERY	1	1		45.00		45.00	.011		45.00		.52
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	3		735.00		245.00	.034		367.50		8.45
RESTORATIVE DENTISTRY	5	7		605.00		86.43	.080		121.00		6.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.011		140.00		1.61
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MO	ONTH-OF-PAYMENT R	EPOR1	FOR JAN	2004 THRU	DEC	2004	PΑ	AGE 2,506
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	BCCTP	-TOTAL								

DEE NORTE COUNTY	001111111111111111111111111111111111111	. 1020 1010	20011 10	,				M	TNC	HLY AVERA	GE	
87 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		11	\$	233.71	\$	21.25	.126	\$	58.43	\$	2.69
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.023		47.45		1.09
EYE APPLIANCES	4		9		138.81		15.42	.103		34.70		1.60
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	9		16	\$	267.52	\$	16.72	.184	\$	29.72	\$	3.07
VISITS	9		16		267.52		16.72	.184		29.72		3.07
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2		9	\$	622.01	\$	69.11	.103	\$	311.01	\$	7.15
NURSE ANESTHESIST	3		16	\$	252.68	\$	15.79	.184	\$	84.23	\$	2.90
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	42		247	\$	18,623.79	\$	75.40	2.839	\$	443.42	\$	214.07
HOSP INPATIENT TOTAL	1		4		5,421.08		1355.27	.046		5421.08		62.31
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		4		5,421.08		1355.27	.046		5421.08		62.31
ACCOMMODATIONS	1		4		1,967.92		491.98	.046		1967.92		22.62

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1 <b>,</b> 967.92	491.98	.046	1967.92	22.62
ANCILLARIES	1	0	3,453.16	.00	.000	3453.16	39.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	243	13,202.71	54.33	2.793	314.35	151.76
MEDICAL	10	12	481.79	40.15	.138	48.18	5.54
SURGERY	7	7	404.05	57.72	.080	57.72	4.64
PATHOLOGY	18	32	462.69	14.46	.368	25.71	5.32
RADIOLOGY	19	121	10,002.95	82.67	1.391	526.47	114.98
ROOM USE	16	29	1,361.21	46.94	.333	85.08	15.65
CROSSOVERS/ALL OTH OUTPINT	14	42	490.02	11.67	.483	35.00	5.63
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RI				PAGE 2,507
MOP024	FEE-FOR-SERVICE						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-TOTAL					, ,
					MO	NTHLY AVERA	GE
87 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42	247 \$	18,623.79	\$ 75.40	2.839		
COMM HOSP INPATIENT TOTAL	1	4	5,421.08	1355.27	.046	5421.08	62.31
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	ĺ	4	5,421.08	1355.27	.046	5421.08	62.31
ACCOMMODATIONS	1	4	1,967.92	491.98	.046	1967.92	22.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	1,967.92	491.98	.046	1967.92	22.62
ANCILLARIES	1	0	3,453.16	.00	.000	3453.16	39.69
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	243	13,202.71	54.33	2.793	314.35	151.76
COLT. HOSE OUTEVITEDI TOTAL	74	270	10,202./1	24.33	4.193	214.22	101.70

12

7

32

121

29

42

0

481.79

404.05

462.69

490.02

.00 \$ .00

10,002.95

1,361.21

.138

.368

1.391

.333

.483

.080

40.15

57.72

14.46

82.67

46.94

11.67

48.18

57.72

25.71

526.47

85.08

35.00

.000 \$ .00 \$

5.54

4.64

5.32

114.98

15.65

5.63

.00

10

7

18

19

16

14

0

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00	·	.00	.000	•	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	•	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	30	\$	733.82	\$	24.46	.345	\$		\$	8.43
PATHOLOGY	9	30		733.82		24.46	.345		81.54		8.43
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	33	62	\$	6,872.86	\$	110.85	.713	\$	208.27	Ś	79.00
CLINIC	0	0	7	.00	т.	.00	.000	-1	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	62		6,872.86		110.85	.713		208.27		79.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDI	TURES M	MONTH-OF-PAYMENT R	REPORT			DEC		P.A	AGE 2,508
MOP024	FEE-FOR-SERVICE		101(20 1	1011111 01 1111111111111111111111111111	0	. 2011 01111 2	2001 111110		2001		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV		P-TOTAL								,,
							M	ONT	HLY AVERA	GE -	
87 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF C	ARE		PEF	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	2	13	\$	191.73	\$	14.75	.149	\$	95.87	\$	2.20
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	2		16.64		8.32	.023		16.64		.19
PHYSICAL THERAPIST	1	11		175.09		15.92	.126		175.09		2.01
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	Ō	0		.00		.00	.000		.00		.00
DCACHOLOCICE	0	0		0.0		0.0	000		0.0		0.0

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SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

0

0 0 0

0 0 0

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2	4	\$ 54.46	\$ 13.62	.046	\$ 27.23	\$ .63
0.1 -0	3 0 3 0 0 D 3 D 3 D D T						

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,509
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

MONEUL V ALIEDACE

						MO	NT.	HLY AVERA	GE		
107 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12	28	\$	2,846.12	\$	101.65	.262	\$	237.18	\$	26.60
@PHYSICIANS SERVICES	6	17	\$	46.01	\$	2.71	.159	\$	7.67	\$	.43
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	6	17		46.01	2.71	.159	7.67		.43
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	1	2	\$	.00	\$ .00	.019	\$ .00	\$	.00
VISITS - DIAGNOSTIC	1	2		.00	.00	.019	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH	-OF-PAYMENT RE	PORT FOR JAN	2004 THRU D	EC 2004	PAGE	2,510
MOP024	FEE-FOR-SERVICE/DENTAL							03	3/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	QMB - O	NLY		AID COD	E 80			
						MOI	NTHLY AVERAC	SE	

							M(	DIM.T	HLI AVERA	1GE	
107 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	C C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0		\$	.00	\$	.00		\$ .00	\$	.00
@TOTAL HOSPITAL	6	9	\$	1,924.11	\$	213.79	.084	•	\$	17.98
HOSP INPATIENT TOTAL	2	0		1,752.00		.00	.000	876.00		16.37
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000	876.00		16.37
ALL OTHER INPATIENT	0	Ô		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5	9		172.11		19.12	.084	34.42		1.61
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	9		172.11		19.12	.084	34.42		1.61
@COUNTY HOSPITAL TOTAL	5		\$	.00	\$	.00	.000		ċ	.00
	0	0	Ą		ې				Ą	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	U	U		.00		.00	.000	.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONT	'H-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU D	EC 2004	P	AGE 2,511
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR QMB - ON	ILY			AID CODE	80			
							MO	NTHLY AVERA	GE ·	
107 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	9	\$	1,924.11	\$	213.79	.084	\$ 320.69	\$	17.98
COMM HOSP INPATIENT TOTAL	2	0		1,752.00		.00	.000	876.00		16.37
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000	876.00		16.37
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5	9		172.11		19.12	.084	34.42		1.61
MEDICAL	0	0		.00		.00	.000	.00		.00
	Ŭ	•		• • • •		• • • •	• • • • •	• 0 0		• • • •

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	5	9		172.11		19.12	.084		34.42		1.61
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$	876.00	\$	.00	.000	\$	876.00	\$	8.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	0		876.00		.00	.000		876.00		8.19
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 200	4 THRU	DEC	2004	PAG	GE 2,512
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	QMB - 0	NLY			AID CODE 80	)				
							M	ONTE	HLY AVERA	GE	
107 FLICIBLES	HISERS HINTER OF	F SERVICE	7	FYDFNDTTIBFC	Z 7.7 E	PACE COST IIN	TTTS/DAV	S C	COU DEB	C	OT DEB

					MON	THLY AVERA	GE
107 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 5	\$ .00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
11	26	\$	2,846.12	\$	109.47	.243	\$	258.74	\$	26.60
	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       \$	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00	0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,513 FEE-FOR-SERVICE/DENTAL

03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

					MON	THLY AVERAGI	Ξ
477 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	171	499 \$	24,527.32	\$ 49.15	1.046 \$	143.43	\$ 51.42
@PHYSICIANS SERVICES	28	70 \$	1,835.91	\$ 26.23	.147 \$	65.57	\$ 3.85
OUTPATIENT VISITS	23	35	1,008.77	28.82	.073	43.86	2.11
OFFICE VISITS	23	34	940.42	27.66	.071	40.89	1.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.002	68.35	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	60.55	30.28	.004	60.55	.13
HOSPITAL VISITS	1	2	60.55	30.28	.004	60.55	.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.002	8.01	.02
EXAMINATIONS	1	1	8.01	8.01	.002	8.01	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	15	299.91	19.99	.031	149.96	.63
PRINCIPAL SURGEON	1	1	15.22	15.22	.002	15.22	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	284.69	20.34	.029	142.35	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	8.40	2.80	.006	2.80	.02
RADIOLOGY	7	12	416.97	34.75	.025	59.57	.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	33.30		.004	33.30	.07
@ PHARMACY	54	99 \$	2,302.10	•	.208 \$	42.63	\$ 4.83
PRESCRIPTION DRUGS	54	99	2,302.10	23.25	.208	42.63	4.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	54	99	2,302.10	23.25	.208	42.63	4.83

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	5	88	\$	2,501.00	\$	28.42	.184	\$	500.20	\$	5.24
VISITS - DIAGNOSTIC	4	30		530.00		17.67	.063		132.50		1.11
ORAL SURGERY	1	2		83.00		41.50	.004		83.00		.17
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	7		497.00		71.00	.015		248.50		1.04
RESTORATIVE DENTISTRY	3	26		1,391.00		53.50	.055		463.67		2.92
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	23		.00		.00	.048		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PZ	AGE 2,514
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/		ES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU 1	DEC	2004	PZ	AGE 2,514 03/14/05
" -		DENTAL				FOR JAN 2 72 74 8N		DEC	2004	P2	
MOP024	FEE-FOR-SERVICE/	DENTAL					8P		2004 HLY AVERA		
MOP024	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL	OGRAM		CODES	72 74 8N	8P	ONT		GE -	
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR	OGRAM	AID	CODES AVEI	72 74 8N	8P Mo	ONT S	HLY AVERA	GE -	03/14/05
MOP024 DEL NORTE COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID	CODES AVEI	72 74 8N	8P Mo UNITS/DAY	ONT S	HLY AVERA COST PER	GE - (	03/14/05  COST PER
MOP024 DEL NORTE COUNTY 477 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID (	CODES AVEF PER	72 74 8N RAGE COST UNIT/DAY	8P MO UNITS/DAYS PER ELIG	ONT S	HLY AVERA COST PER USER	GE - (	03/14/05  COST PER ELIGIBLE
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID (EXPENDITURES 142.35	CODES AVEF PER	72 74 8N RAGE COST UNIT/DAY 47.45	8P MO UNITS/DAYO PER ELIG .006	ONT S	HLY AVERA COST PER USER 47.45	GE - (	03/14/05 COST PER ELIGIBLE
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID (EXPENDITURES 142.35 142.35	CODES AVEF PER	72 74 8N RAGE COST UNIT/DAY 47.45 47.45	8P M UNITS/DAY PER ELIG .006 .006	ONT S	HLY AVERA COST PER USER 47.45 47.45	GE - (	03/14/05  COST PER ELIGIBLE .30 .30
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID 0 EXPENDITURES 142.35 142.35 .00	CODES AVEF PER	72 74 8N  RAGE COST  UNIT/DAY  47.45  47.45  .00	8P M UNITS/DAY PER ELIG .006 .006 .000	ONT S	HLY AVERA COST PER USER 47.45 47.45 .00 .00	GE - (	03/14/05 
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID 0 EXPENDITURES 142.35 142.35 .00 .00	CODES AVEF PER \$	72 74 8N  RAGE COST  UNIT/DAY  47.45  47.45  .00 .00	8P M UNITS/DAY PER ELIG .006 .006 .000	ONT S \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00	GE - ( I \$	03/14/05 
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID 0 EXPENDITURES 142.35 142.35 .00 .00	CODES AVEF PER \$	72 74 8N  RAGE COST  UNIT/DAY  47.45  47.45  .00  .00  .00	8P MO UNITS/DAY: PER ELIG .006 .006 .000 .000	ONT S \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00	GE - ( I \$	03/14/05 
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID 0 EXPENDITURES 142.35 142.35 .00 .00	CODES AVEF PER \$	72 74 8N  RAGE COST  UNIT/DAY  47.45  47.45  .00  .00  .00 .00	8P MO UNITS/DAY: PER ELIG .006 .006 .000 .000 .000	ONT S \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00 .00 .00	GE - ( I \$	03/14/05 
MOP024 DEL NORTE COUNTY  477 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI	DENTAL CES FOR 133% PR UNITS OF SERVICE	OGRAM	AID 0 EXPENDITURES  142.35 142.35 .00 .00 .00 .00 .00	AVEF PER \$	72 74 8N  RAGE COST  UNIT/DAY  47.45  47.45  .00  .00  .00  .00  .00	8P MO UNITS/DAY: PER ELIG .006 .006 .000 .000 .000	ONT S \$	HLY AVERA COST PER USER 47.45 47.45 .00 .00 .00 .00	GE - ( F \$	03/14/05 COST PER ELIGIBLE .30 .30 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	Ō	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		
@TOTAL HOSPITAL	24	84 \$	3,685.01	\$ 43.87	.176 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ō	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ō	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	84	3,685.01	43.87	.176	153.54	7.73
MEDICAL	12	12	838.64	69.89	.025	69.89	1.76
SURGERY	3	4	323.50	80.88	.008	107.83	.68
PATHOLOGY	9	22	271.68	12.35	.046	30.19	.57
RADIOLOGY	4	8	1,035.18	129.40	.017	258.80	2.17
ROOM USE	17	23	1,002.75	43.60	.048	58.99	2.10
CROSSOVERS/ALL OTH OUTPTNT	11	15	213.26	14.22	.031	19.39	.45
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 2,515
MOP024	FEE-FOR-SERVICE				0 -		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID	CODES 72 74 8N			<b>CP</b>
477 71 70 70 70				3	MON		_
477 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
000000000000000000000000000000000000000	0.4	OR DAYS OF CARE	2 605 01	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	24	84 \$	3,685.01	\$ 43.87	.176 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	· ·	•	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	· ·	-	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0		0		.00		.00		.000		.00		.00
ANCILLARIES	0		0		.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	24		84		3,685.01		43.87		.176		153.54		7.73
MEDICAL	12		12		838.64		69.89		.025		69.89		1.76
SURGERY	3		4		323.50		80.88		.008		107.83		.68
PATHOLOGY	9		22		271.68		12.35		.046		30.19		.57
RADIOLOGY	4		8		1,035.18		129.40		.017		258.80		2.17
ROOM USE	17		23		1,002.75		43.60		.048		58.99		2.10
CROSSOVERS/ALL OTH OUTPINT	11		15		213.26		14.22		.031		19.39		.45
@STATE HOSPITAL	0		0 5	\$	.00	\$	.00		.000	\$	.00	Ś	.00
MENTALLY ILL	0		0	т	.00	т.	.00		.000	т.	.00	т.	.00
DEVELOP. DISABLED	0		0		.00		.00		.000		.00		.00
@NURSING FACILITY	0			\$	.00	\$	.00		.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0	Υ	.00	Υ	.00		.000	Υ	.00	Υ	.00
LEV B-REHAB MD	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00		.000		.00		.00
LEV B SOBACOTE HISTER BASED	0		0		.00		.00		.000		.00		.00
	0		0		.00		.00				.00		.00
LEV B-REGULAR	0			\$	.00	Ċ			.000	ċ		ċ	
@INTERMEDIATE CARE FACILDD	0		-	P		\$	.00		.000	\$	.00	Ş	.00
ICF DDH	0		0		.00		.00		.000		.00		.00
ICF DD	0		0		.00		.00		.000		.00		.00
ICF DDN/DDCN	-		0		.00	<u> </u>	.00		.000	<u>^</u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	0			\$	.00	\$	.00		.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00		.000		.00		.00
@REHABILITATION FACILITY	0			\$	.00	\$	.00		.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	10			\$	154.46	\$	10.30		.031	\$	15.45	\$	.32
PATHOLOGY	10		15		154.46		10.30		.031		15.45		.32
XO AND OTHERS	0		0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	102	1	22 \$	\$	13,381.27	\$	109.68		.256	\$	131.19	\$	28.05
CLINIC	0		0		.00		.00		.000		.00		.00
SURGICENTER	0		0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	102	1	22		13,381.27		109.68		.256		131.19		28.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPEN	DITURES	S MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2004 5	ΓHRU	DEC	2004	P.	AGE 2,516
MOP024	FEE-FOR-SERVICE/DE	ENTAL											03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR 13	3% PROC	GRAM	AID	CODES	72 74 8N	8P					
									N	IONTE	HLY AVERA	.GE	
477 ELIGIBLES	USERS UN	NITS OF SE	RVICE		EXPENDITURES	AVE:	RAGE COST	UNITS	S/DAY	S (	COST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER	ELIG	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	6		18 \$	\$	525.22	\$	29.18		.038	\$	87.54	\$	1.10
DURABLE MED. EQUIP.	1		1		95.98		95.98		.002		95.98		.20
BLOOD BANK	0		0		.00		.00		.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00		.000		.00		.00
MEDICAL TRANSPORTATION	1		8		143.05		17.88		.017		143.05		.30
AMBULANCES/AIR TRANS	_ 1		8		143.05		17.88		.017		143.05		.30
OTHER TRANS	0		0		.00		.00		.000		.00		.00
OTHER SERVICES	0		0		.00		.00		.000		.00		.00
ACUPUNCTURE	0		0		.00		.00		.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00		.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00		.000		.00		.00
ONDITO DICHARE IECTING	O .		J		.00		.00		• 0 0 0		.00		• 0 0

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0	0		.00		.00	.000		.00		.00	
1	2		16.64		8.32	.004		16.64		.03	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
2	6		266.26	4	14.38	.013	1	33.13		.56	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
1	1		3.29		3.29	.002		3.29		.01	
0	0		.00		.00	.000		.00		.00	
0	0		.00		.00	.000		.00		.00	
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    .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00       .00         1       2       16.64       8.32         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         2       6       266.26       44.38         0       0       .00       .00         0       0       .00       .00         1       1       3.29       3.29         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0 </td <td>0       0       .00       .00       .000         1       2       16.64       8.32       .004         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         2       6       266.26       44.38       .013         0       0       .00       .00       .000         0       0       .00       .000       .000         1       1       3.29       3.29       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0</td> <td>0       0       .00       .00       .000         1       2       16.64       8.32       .004         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       &lt;</td> <td>0       0       .00       .00       .00       .00         1       2       16.64       8.32       .004       16.64         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       6       266.26       44.38       .013       133.13         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       3.29       3.29       .002       3.29         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00</td> <td>0       0       .00       .00       .00       .00         1       2       16.64       8.32       .004       16.64         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         2       6       266.26       44.38       .013       133.13         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       3.29       3.29       .002       3.29         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       <t< td=""><td><math display="block"> \begin{array}{cccccccccccccccccccccccccccccccccccc</math></td></t<></td>	0       0       .00       .00       .000         1       2       16.64       8.32       .004         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         2       6       266.26       44.38       .013         0       0       .00       .00       .000         0       0       .00       .000       .000         1       1       3.29       3.29       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0	0       0       .00       .00       .000         1       2       16.64       8.32       .004         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       <	0       0       .00       .00       .00       .00         1       2       16.64       8.32       .004       16.64         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         2       6       266.26       44.38       .013       133.13         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       3.29       3.29       .002       3.29         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00	0       0       .00       .00       .00       .00         1       2       16.64       8.32       .004       16.64         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         2       6       266.26       44.38       .013       133.13         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       1       3.29       3.29       .002       3.29         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00 <t< td=""><td><math 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<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,517 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

DEE NORTE COUNTY	DOMMANT OF DER	VICED FOR TOO TROORAIT	AID (	CODED IN IC OIL	01		
					MON	THLY AVERA	GE
348 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	160	578 \$	25,687.66	\$ 44.44	1.661 \$	160.55	\$ 73.82
@PHYSICIANS SERVICES	32	59 \$	1,746.80	\$ 29.61	.170 \$	54.59	\$ 5.02
OUTPATIENT VISITS	17	18	551.33	30.63	.052	32.43	1.58
OFFICE VISITS	15	16	462.13	28.88	.046	30.81	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.006	44.60	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	540.30	108.06	.014	180.10	1.55
PRINCIPAL SURGEON	3	5	540.30	108.06	.014	180.10	1.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	30.40	30.40	.003	30.40	.09
RADIOLOGY	18	27	445.04	16.48	.078	24.72	1.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	8	179.73	22.47	.023	29.96	.52
@PHARMACY	71	134 \$	7,812.08	\$ 58.30	.385	\$ 110.03	\$ 22.45
PRESCRIPTION DRUGS	71	134	7,812.08	58.30	.385	110.03	22.45
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	71	134	7,812.08	58.30	.385	110.03	22.45
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	31 \$	1,747.00	\$ 56.35	.089	\$ 349.40	\$ 5.02
VISITS - DIAGNOSTIC	4	15	198.00	13.20	.043	49.50	.57
ORAL SURGERY	3	10	1,113.00	111.30	.029	371.00	3.20
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.006	100.00	.57
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	96.00	48.00	.006	96.00	.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	140.00	70.00	.006	70.00	.40
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,518
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

DEL NORTE COUNTY

----- MONTHLY AVERAGE -----348 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7 51.63 \$ @OPTOMETRIST 4 206.51 \$ 29.50 .020 \$ .59 DIAGNOSTIC AND ANC. PROCED 3 142.35 47.45 .009 47.45 .41 32.08 EYE APPLIANCES 4 64.16 16.04 .011 .18 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 16.72 \$ @CHIROPRACTOR \$ 16.72 \$ 16.72 .003 \$ .05 VISITS 16.72 16.72 .003 16.72 .05 0 .00 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 0 .00 \$ .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$ .00 \$ .00 .000 \$ @HOME HEALTH AGENCY NURSE ANESTHESIST 62.92 \$ 15.73 .011 \$ 62.92 \$ .18 NURSE MIDWIFE .00 .00 .000 \$ .00 \$ .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$ .00 \$ .00 FAMILY NURSE PRACTITIONER 0 0 .00 \$ .000 \$ .00 \$ .00 5,379.35 @TOTAL HOSPITAL 203 26.50 .583 \$ 119.54 \$ 15.46 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 0 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	45	203		5,379.35	26.50	.583	119.54		15.46
MEDICAL	20	25		1,372.67	54.91	.072	68.63		3.94
SURGERY	6	8		335.87	41.98	.023	55.98		.97
PATHOLOGY	15	78		907.30	11.63	.224	60.49		2.61
RADIOLOGY	23	31		1,083.83	34.96	.089	47.12		3.11
ROOM USE	24	31		1,160.93	37.45	.089	48.37		3.34
CROSSOVERS/ALL OTH OUTPTNT	17	30		518.75	17.29	.086	30.51		1.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	-	ES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU 1	DEC 2004		E 2,519
MOP024	FEE-FOR-SERVICE/								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR 100% PR	OGRAM	AID C	CODES 7A 7C 8R				
							ONTHLY AVERA	-	
348 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				ST PER
_		OR DAYS OF CARE			PER UNIT/DAY				IGIBLE
@COMMUNITY HOSPITAL TOTAL	45	203	\$	5,379.35	\$ 26.50	.583	\$ 119.54	Ş	15.46

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	45	203		5,379.35		26.50	.583		119.54		15.46
MEDICAL	20	25		1,372.67		54.91	.072		68.63		3.94
SURGERY	6	8		335.87		41.98	.023		55.98		.97
PATHOLOGY	15	78		907.30		11.63	.224		60.49		2.61
RADIOLOGY	23	31		1,083.83		34.96	.089		47.12		3.11
ROOM USE	24	31		1,160.93		37.45	.089		48.37		3.34
	17	30		518.75		17.29			30.51		1.49
CROSSOVERS/ALL OTH OUTPINT	0		ċ		ċ		.086	ċ		ċ	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
MENTALLY ILL		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	31	\$	335.06	\$	10.81	.089	\$	37.23	\$	.96
PATHOLOGY	9	31		335.06		10.81	.089		37.23		.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	63	76	\$	7,958.61	\$	104.72	.218	\$	126.33	\$	22.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	63	76		7,958.61		104.72	.218		126.33		22.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES M	ONTH-OF-PAYMENT F	REPORT			DEC		Р	AGE 2,520
MOP024	FEE-FOR-SERVICE										03/14/05
DEL NORTE COUNTY			PROGRA	M AID	CODES	7A 7C 8R	8Т				
DEE NORTH COUNTY	DOIMMING OF DELICE	1010 1010 1000	11100141	1111	ООВДО	, ,,, , , , , , , , , , , , , , , , , ,	M	ОМТ	HLY AVERA	GE	
348 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVF	RAGE COST					COST PER
010 22101222	00210	OR DAYS OF CA		2111 2113 1 1 0 1 1 2 0		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	32	\$	422.61		13.21	.092				1.21
DURABLE MED. EQUIP.	0	0	۲	.00	¥	.00	.000	7	.00	~	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	9		171.78		19.09	.000		171.78		.49
HEDICAL INVISIONITATION	Τ	9		1/1./0		19.09	.020		111.10		• 4 2

AMBULANCES/AIR TRANS	1	9	171.78	19.09	.026	171.78	.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.006	16.64	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	20	217.17	10.86	.057	72.39	.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	17.02	17.02	.003	17.02	.05
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,521
MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 562.13 70.27 .000 \$ 281.07 \$ .00 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 101.05 101.05 .000 \$ 101.05 \$ .00 1 1 OUTPATIENT VISITS 1 1 101.05 101.05 .000 101.05 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 101.05 101.05 .000 101.05 .00 OB VISITS/COMPRE PERI 1 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 0 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		\$		\$	.00
VISITS - DIAGNOSTIC	0	0	-	.00	Т.	.00	.000	7	.00	т.	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	•										
ALL OTHER SERVICES	0	0	רווסנים	.00		.00	.000	)EC	.00	D	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE	0 ES AND EXPENDI	TURES		REPOR	.00	.000	DEC	.00	P.	.00 AGE 2,522
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDI: DENTAL		.00 MONTH-OF-PAYMENT H		.00 T FOR JAN 2	.000 2004 THRU I	DEC	.00	P.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDI: DENTAL		.00		.00 T FOR JAN 2	.000 2004 THRU I 7F 7G		.00		.00 AGE 2,522 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDI: /DENTAL ICES FOR PRESU	JMPTIV	.00 MONTH-OF-PAYMENT I E ELIGIBILITY-PREC	GNANT	.00 T FOR JAN 2	.000 2004 THRU I 7F 7G MO	ONTH	.00 2004 HLY AVERA	.GE	.00 AGE 2,522 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 ES AND EXPENDIT DENTAL ICES FOR PRESU UNITS OF SERV	JMPTIV ICE	.00 MONTH-OF-PAYMENT H	GNANT AV	.00 T FOR JAN 2 AID CODES ERAGE COST	.000 2004 THRU I 7F 7G MG UNITS/DAYS	ONTH	.00 2004 HLY AVERA COST PER	GE	.00 AGE 2,522 03/14/05 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY 00 ELIGIBLES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	0 ES AND EXPENDIT DENTAL ICES FOR PRESU UNITS OF SERVE OR DAYS OF CA	JMPTIV ICE ARE	.00 MONTH-OF-PAYMENT I E ELIGIBILITY-PREC EXPENDITURES	GNANT AV PE	.00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG	ONTE	.00 2004 HLY AVERA COST PER USER	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	0 ES AND EXPENDIT DENTAL ICES FOR PRESU UNITS OF SERVE OR DAYS OF CA	JMPTIV ICE	.00 MONTH-OF-PAYMENT I E ELIGIBILITY-PREC EXPENDITURES .00	GNANT AV	.00 T FOR JAN : AID CODES ERAGE COST R UNIT/DAY .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000	ONTE	.00 2004 HLY AVERA COST PER USER .00	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0	O ES AND EXPENDIT DENTAL ICES FOR PRESU UNITS OF SERVE OR DAYS OF CA O O	JMPTIV ICE ARE	.00 MONTH-OF-PAYMENT I E ELIGIBILITY-PREC EXPENDITURES .00 .00	GNANT AV PE	.00 T FOR JAN 3 AID CODES ERAGE COST R UNIT/DAY .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000	ONTE	.00 2004 HLY AVERA COST PER USER .00 .00	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0	O O O O O O O O O O O O O O O O O O O	JMPTIV ICE ARE	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00	GNANT AV PE	.00 T FOR JAN 3 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000	ONTE	.00 2004 HLY AVERA COST PER USER .00 .00	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0	O DES AND EXPENDITED TO THE PROPERTY OF SERVING OR DAYS OF COMMON	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00	GNANT AV PE \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000	ONTH S C	.00 2004 HLY AVERA COST PER USER .00 .00	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0	O DES AND EXPENDITION OF LESS	JMPTIV ICE ARE	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00	GNANT AV PE	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTE	.00 2004 HLY AVERA COST PER USER .00 .00 .00	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0	ES AND EXPENDITION  /DENTAL  ICES FOR PRESI  UNITS OF SERV:  OR DAYS OF CO  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00	GNANT AV PE \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000	ONTH S C	.00 2004 HLY AVERA COST PER USER .00 .00 .00	GE	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0	ES AND EXPENDITION  /DENTAL  ICES FOR PRESI  UNITS OF SERV:  OR DAYS OF CO  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00	GNANT AV PE \$	T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	ONTH S C \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00	GE \$	.00 AGE 2,522 03/14/05  COST PER ELIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS  O O O O O O O O O O O O O O O O O O O	ES AND EXPENDITION  /DENTAL  ICES FOR PRESI  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00	GNANT AV PE \$	T FOR JAN A AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTH S C	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00	GE \$	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS  O O O O O O O O O O O O O O O O O O O	ES AND EXPENDITION  /DENTAL  ICES FOR PRESI  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	GNANT AV PE \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00	GE \$	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS  O O O O O O O O O O O O O O O O O O O	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	GNANT AV PE \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE \$	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S C \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE \$	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS  O O O O O O O O O O O O O O O O O O O	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$ \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$ \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTE \$ \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE S	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS  O O O O O O O O O O O O O O O O O O	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$ \$	T FOR JAN A AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTE \$ C	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE S S S	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	O MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE USERS  O O O O O O O O O O O O O O O O O O O	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$ \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$ \$	T FOR JAN A AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTF \$ \$ \$	.00 2004  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	G S S S S	.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST   DIAGNOSTIC AND ANC. PROCED   EYE APPLIANCES   OTHER OPTOMETRIC SERVICES @CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS   SURGERY/ANES.   RADIO./PATHOLOGY   OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$ \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$ \$ \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTE \$ \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00		.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST   DIAGNOSTIC AND ANC. PROCED   EYE APPLIANCES   OTHER OPTOMETRIC SERVICES @CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS   SURGERY/ANES.   RADIO./PATHOLOGY   OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$ \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$ \$ \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTH	.00 2004  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 DEL NORTE COUNTY  00 ELIGIBLES  @OPTOMETRIST   DIAGNOSTIC AND ANC. PROCED   EYE APPLIANCES   OTHER OPTOMETRIC SERVICES @CHIROPRACTOR   VISITS   OTHER SERVICES @PODIATRIST   MEDICINE/INJECTIONS   SURGERY/ANES.   RADIO./PATHOLOGY   OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITION  /DENTAL  ICES FOR PRESU  UNITS OF SERVI  OR DAYS OF CO  0  0  0  0  0  0  0  0  0  0  0  0  0	JMPTIV ICE ARE \$ \$	.00 MONTH-OF-PAYMENT F E ELIGIBILITY-PREC EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GNANT AV PE \$ \$ \$	.00 T FOR JAN 2 AID CODES ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2004 THRU I 7F 7G MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	DNTE \$ \$ \$	.00 2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00		.00 AGE 2,522 03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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HOSP INPATIENT TOTAL

ACCOMMODATIONS

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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	6	245.08	40.85	.000	245.08	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	54.92	54.92	.000	54.92	.00
PATHOLOGY	_ 1	2	106.12	53.06	.000	106.12	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	74.62	37.31	.000	74.62	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	9.42	9.42	.000	9.42	.00
@COUNTY HOSPITAL TOTAL	1	6 \$	245.08	\$ 40.85	.000 \$	245.08	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0					
ACCOMMODATIONS	0	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	245.08	40.85	.000	245.08	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	54.92	54.92	.000	54.92	.00
PATHOLOGY	1	2	106.12	53.06	.000	106.12	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	74.62	37.31	.000	74.62	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	9.42	9.42	.000	9.42	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 2,523
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR PRESUMPTIVE	ELIGIBILITY-PREGN	NANT AID CODES	7F 7G		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0		.00			
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	0	.00	.00	.000	.00	.00
	(1)	(1)	(1/1	(11)	(1(1(1	(111)	(11)

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SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00	\$	216.00	.000	\$	216.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		216.00		216.00	.000		216.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR	r for jan 20	004 THRU	DEC	2004	PAG	E 2,524
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR PRESUM	PTIV	E ELIGIBILITY-PREGI	NANT	AID CODES 7	7F 7G				
						-	M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	JNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST (	UNITS/DAY	S	COST PER	CC	ST PER

	0	R DAYS OF CARE	E			PER U	JNIT/DAY	PER ELIG	i i	USER	ELI	IGIBLE
@ALL OTHER PROVIDERS	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
A* TOTALS IN THESE LINES ARE CIT	TEN AS A SEPARATE	TNEORMATION 1	тем с	NIT.V •								

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DEL NORTE COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,525 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

AID CODE 7H

SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM

----- MONTHLY AVERAGE -----00 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 \$ .00 .000 \$ .00 \$ .00 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$ .00 \$ .00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 0 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	U		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		\$	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	٣	.00	Y	.00	.000	Υ	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
DRUGS	0	U		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	Ü	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		•	70 N	MONTH-OF-PAYMENT RE	трорт			DEC		DACE	2,526
MOP024	FEE-FOR-SERVICE/I		10 1	TONIII OF FAIMENT RE	TE OILT	FOR UAN 2	2004 11110	DEC	2004		3/14/05
			. mr	IDEDCIII OGIC DDOCDAN	π.	ATD CODE	711			0.5	0/14/03
DEL NORTE COUNTY	SUMMARY OF SERVIC	LES FOR MEDI-CA	L TU	JBERCULOSIS PROGRAM	1	AID CODE		ONTE	A	CT	
00									HLY AVERA		
00 ELIGIBLES	USERS (	JNITS OF SERVICE		EXPENDITURES			UNITS/DAY				PER
		OR DAYS OF CARE	_				PER ELIG		USER		IBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
MEDICINE/INJECTIONS	0	0	Т.	.00	7	.00	.000	-1	.00	7	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		Ċ			ċ	.00	Ċ	
@HOME HEALTH AGENCY	0	U	ې خ	.00	ې د	.00	.000	ڊ خ		ب د	.00
NURSE ANESTHESIST	Ü	U	ې د	.00	\$	.00	.000	Ş	.00	\$	.00
NURSE MIDWIFE	0	Ü	\$	.00	\$	.00	.000	Ş	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ô	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0		.00			
HOSP OUTPATIENT TOTAL	U	0	.00		.000	.00	.00
MEDICAL	Ü	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
	0	0 7					•
CO HOSPITAL INPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI CAI CEDIII	CES AND EXPENDITURES MO					
#CALIF DEPT OF HEALTH SERV			DNIH-OF-PAIMENI RE	SPORT FOR JAN .	ZUU4 IHRU DE	C 2004	PAGE 2,527
MOP024	FEE-FOR-SERVICE				=		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	/ICES FOR MEDI-CAL TUR	BERCULOSIS PROGRAM	AID CODE			
					MON		SE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	U	•					
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	· · · · · · · · · · · · · · · · · · ·	\$	.00	\$	.00	.000			Ś	.00
	0	0	Ÿ	.00	Ÿ	.00	.000		.00	Y	.00
MENTALLY ILL	0	•									
DEVELOP. DISABLED	U	0	<u>^</u>	.00	<u> </u>	.00	.000		.00	<u> </u>	.00
@NURSING FACILITY	U		\$	.00	\$	.00	.000		.00	\$	.00
LEV A-INTERMEDIATE	Ü	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	· · · · · · · · · · · · · · · · · · ·	\$	.00	\$	.00	.000		.00	Ś	.00
	0	0	Ÿ	.00	Ÿ	.00	.000		.00	Y	.00
HOSPITAL BASED	0	0									
HEMODIALYSIS CENTER	0	· · · · · · · · · · · · · · · · · · ·	<u>^</u>	.00	<u> </u>	.00	.000		.00	<u> </u>	.00
@REHABILITATION FACILITY	U		\$	.00	\$	.00	.000		.00	\$	.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		\$	.00	\$	.00	.000		.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		· · · · · · · · · · · · · · · · · · ·	S MC	NTH-OF-PAYMENT RE	PORT					PΔ	GE 2,528
MOP024	FEE-FOR-SERVICE		10 110	ANTI OI IIIIIIIII NE	1 01(1	TOIL OIII	2001 111110	טםכ	2001		03/14/05
DEL NORTE COUNTY			. ייוד	BERCULOSIS PROGRAM		AID CODE	7 H				03/14/03
DEE NORTE COONTI	SOMMAN OF SERVE	ICES FOR MEDI CAL	1 101	ERCOLOSIS IROGRAM		AID CODE		момп	THLY AVERA	~₽ _	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/17	RAGE COST			COST PER		OST PER
00 FILGIBLES	USEKS			EXPENDITORES		UNIT/DAY			USER		LIGIBLE
GALL OWNED DDOMIDEDC	0	OR DAYS OF CARE	ċ	0.0	\$						
@ALL OTHER PROVIDERS		0	\$	.00	Ą	.00	.000		.00	Ą	.00
DURABLE MED. EQUIP.	0	•		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	O	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
EVOSTUETIST/OKTUOTISTS	U	U		.00		.00	.000		.00		.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
G+ MOMATO TAL MURCE TIMES ADE CIVEN A	C A CEDADAME	TATEODA(A ELTONI	THEM ONT V.					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,529 FEE-FOR-SERVICE/DENTAL

03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MOI	NTHLY AVERA	AGE	
52 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	55	340	\$	19,870.85	\$ 58.44	6.538	\$ 361.29	\$	382.13
@PHYSICIANS SERVICES	9	9	\$	371.37	\$ 41.26	.173	\$ 41.26	\$	7.14
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00

HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		134.92		134.92	.019		134.92		2.59
PRINCIPAL SURGEON	1	1		134.92		134.92	.019		134.92		2.59
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		48.20		48.20	.019		48.20		.93
RADIOLOGY	7	7		188.25		26.89	.135		26.89		3.62
PSYCHIATRY	Ô	ń		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	22	60	S	3,877.88	\$	64.63	1.154	Ś	176.27	Ś	74.57
PRESCRIPTION DRUGS	22	60	٧	3,877.88	۲	64.63	1.154	۲	176.27	Y	74.57
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	22	60		3,877.88		64.63	1.154		176.27		74.57
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	Ś	.00	Ś	.00	.000	Ċ	.00	Ċ	.00
VISITS - DIAGNOSTIC	0	0	Ą	.00	۲	.00	.000	۲	.00	ې	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANESTHESIA	U	0									
PERIODONTICS	U	0		.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	U	0		.00		.00	.000		.00		.00
PROSTHETICS	U	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 2,530
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DET MODES COMMENT	armarabir of apprirate to	D 1/7170D	003705	TD GODEG 3 TD 6	~~ ¬ ¬ ¬	714 75 71	D 737				

DEL NORTE COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

								Mo	тис	HLY AVERA	GE.	
52 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS	OF CAR	E		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
NURSE ANESTHESIST	2	11 \$	208.90	\$ 18.99	.212	104.45	\$ 4.02
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	.00	\$ .00
@TOTAL HOSPITAL	20	170 \$	8,700.99	\$ 51.18	3.269	\$ 435.05	\$ 167.33
HOSP INPATIENT TOTAL	1	3	4,277.62	1425.87	.058	4277.62	82.26
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	4,277.62	1425.87	.058	4277.62	82.26
ACCOMMODATIONS	1	3	1,939.80	646.60	.058	1939.80	37.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,939.80	646.60	.058	1939.80	37.30
ANCILLARIES	1	0	2,337.82	.00	.000	2337.82	44.96
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	167	4,423.37	26.49	3.212	232.81	85.06
MEDICAL	5	7	543.48	77.64	.135	108.70	10.45
SURGERY	1	1	21.35	21.35	.019	21.35	.41
PATHOLOGY	10	70	1,001.08	14.30	1.346	100.11	19.25
RADIOLOGY	9	10	689.79	68.98	.192	76.64	13.27
ROOM USE	12	15	607.02	40.47	.288	50.59	11.67
CROSSOVERS/ALL OTH OUTPTNT		64	1,560.65	24.39	1.231	173.41	30.01
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	· · · · · · · · · · · · · · · · · · ·	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00			.00	.00
ROOM USE	•	0	.00	.00	.000		.00
CROSSOVERS/ALL OTH OUTPINT		•			.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	IC 2004	PAGE 2,531
MOP024	FEE-FOR-SERVICE/		CENE AID CODEC AID	CODEC 7M 7D 7D	737		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVI	CES FOR MINOR CONS	SENT AID CODES AID	CODES /M /P /R		ת משונה עו דווחו	CE
EQ BLICIDIDO	HOPPO	INITES OF SERVICE		317ED36E 666E			GE
52 ELIGIBLES		UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	20	OR DAYS OF CARE	0.700.00	PER UNIT/DAY			ELIGIBLE
		170 \$	•				\$ 167.33
COMM HOSP INPATIENT TOTAL	1	3	4,277.62	1425.87	.058	4277.62	82.26
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3			.058	4277.62	82.26
ACCOMMODATIONS	1	3		646.60	.058	1939.80	
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	3		1,939.80		646.60	.058		1939.80		37.30
ANCILLARIES	1	0		2,337.82		.00	.000		2337.82		44.96
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	167		4,423.37		26.49	3.212		232.81		85.06
MEDICAL	5	7		543.48		77.64	.135		108.70		10.45
SURGERY	1	1		21.35		21.35	.019		21.35		.41
PATHOLOGY	10	70		1,001.08		14.30	1.346		100.11		19.25
RADIOLOGY	9	10		689.79		68.98	.192		76.64		13.27
ROOM USE	12	15		607.02		40.47	.288		50.59		11.67
CROSSOVERS/ALL OTH OUTPTNT	9	64		1,560.65		24.39	1.231		173.41		30.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	24	\$	284.26	\$	11.84	.462	\$	40.61	\$	5.47
PATHOLOGY	7	24		284.26		11.84	.462		40.61		5.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	63	\$	6,112.45	\$	97.02	1.212	\$	277.84	\$	117.55
CLINIC	4	21		1,168.20		55.63	.404		292.05		22.47
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	42		4,944.25		117.72	.808		274.68		95.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 2,532
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FO	R MINOR	CONSE	ENT AID CODES AID (	CODES	7M 7P 7R	7N				

----- MONTHLY AVERAGE -----USERS EXPENDITURES 52 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3 3 \$ 315.00 \$ 105.00 .058 \$ 105.00 \$ @ALL OTHER PROVIDERS 6.06 .00 DURABLE MED. EQUIP. .00 .00 .000 .00 0 .00 .00 .00 BLOOD BANK 0 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 .00 OTHER TRANS .00 .000 .00 .00 .00 .00 .00 OTHER SERVICES .00 .000 ACUPUNCTURE 0 0 .00 .00 .00 .00 .000 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 315.00 105.00 .058 105.00 6.06

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,533
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----579 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 163.18 \$ @TOTAL, ALL PROVIDERS 435 1,606 70,982.88 44.20 2.774 \$ 122.60 @PHYSICIANS SERVICES 41 87 2,686.33 30.88 .150 \$ 65.52 \$ 4.64 25 OUTPATIENT VISITS 26 1,166.80 44.88 .045 46.67 2.02 45.76 OFFICE VISITS 14 15 640.57 42.70 .026 1.11 .00 HOME VISITS 0 0 .00 .000 .00 .00 EMERGENCY ROOM 10 10 493.50 49.35 .017 49.35 .85 0 .00 .00 PREVENTIVE CARE 0 .00 .000 OB VISITS/COMPRE PERI 0 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 1 32.73 32.73 .002 32.73 .06 .00 .00 .00 INPATIENT VISITS .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 27 947.94 35.11 135.42 .047 1.64 87.85 105.41 PRINCIPAL SURGEON 527.07 .010 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 21 420.87 20.04 210.44 .73 ANESTHESIOLOGIST .036 .00 .00 .000 .00 .00 DIALYSIS 1 3 5.96 PATHOLOGY 1.99 .005 5.96 .01 13 19 312.04 RADIOLOGY 16.42 .033 24.00 .54 PSYCHIATRY .00 .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1	2		10.00	5.00	.003	10.00	.02
OTHER SERVICES/ALL X-OVERS	6	10		243.59	24.36	.017	40.60	.42
@PHARMACY	211	726	\$	21,394.74	\$ 29.47	1.254 \$	101.40	\$ 36.95
PRESCRIPTION DRUGS	209	419		20,756.98	49.54	.724	99.32	35.85
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	209	419		20,756.98	49.54	.724	99.32	35.85
MEDICAL SUPPLIES	5	307		637.76	2.08	.530	127.55	1.10
@DENTIST	14	75	\$	3,065.00	\$ 40.87	.130 \$	218.93	\$ 5.29
VISITS - DIAGNOSTIC	13	39		660.00	16.92	.067	50.77	1.14
ORAL SURGERY	5	12		1,156.00	96.33	.021	231.20	2.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.003	100.00	.35
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	22		1,049.00	47.68	.038	174.83	1.81
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 2,534
MOP024	FEE-FOR-SERVICE	/DENTAL						03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR EDWARD	S CASES	S IN PA-FAMILIES	AID CODE	38		
						MON	THLY AVERA	GE
579 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	5	13	\$	313.91	\$ 24.15	.022 \$	62.78	\$ .54
DIAGNOSTIC AND ANC. PROCED	5	5		217.38	43.48	.009	43.48	.38
EYE APPLIANCES	3	8		96.53	12.07	.014	32.18	.17
OTHER OPTOMETRIC SERVICES				.00	.00	.000	.00	.00

0.0000000000000000000000000000000000000	2	4	â	66.00	^	1 6 70	007	<u> </u>	00 00	<u> </u>	1.0
@CHIROPRACTOR	3	4	\$	66.88	\$	16.72	.007	Ş	22.29	Ş	.12
VISITS	3	4		66.88		16.72	.007		22.29		.12
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	24.00	\$	24.00	.002	\$	24.00	\$	.04
MEDICINE/INJECTIONS	1	1		24.00		24.00	.002		24.00		.04
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	Ő	\$		\$	.00	.000	Ġ	.00	Ś	.00
NURSE ANESTHESIST	2	0	¢	165.74	\$	20.72	.014		82.87		.29
		3	ې د								
NURSE MIDWIFE	Ţ		Ş -	627.85	\$	209.28	.005			\$	1.08
PEDIATRIC NURSE PRACTITIONER		0	Ş		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	85	371	\$	18,201.62	\$	49.06	.641	\$	214.14	\$	31.44
HOSP INPATIENT TOTAL	3	6		6 <b>,</b> 973.32		1162.22	.010		2324.44		12.04
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	6		6,973.32		1162.22	.010		2324.44		12.04
ACCOMMODATIONS	3	6		4,219.96		703.33	.010		1406.65		7.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ő		.00		.00	.000		.00		.00
	2	6		4,219.96		703.33	.010		1406.65		7.29
ALL OTHER ACCOM	3										
ANCILLARIES	3	0		2,753.36		.00	.000		917.79		4.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	84	365		11,228.30		30.76	.630		133.67		19.39
MEDICAL	40	60		3,235.19		53.92	.104		80.88		5.59
SURGERY	10	11		592.31		53.85	.019		59.23		1.02
PATHOLOGY	29	81		1,046.29		12.92	.140		36.08		1.81
RADIOLOGY	24	34		1,779.89		52.35	.059		74.16		3.07
ROOM USE	54	81		3,127.71		38.61	.140		57.92		5.40
CROSSOVERS/ALL OTH OUTPTNT		98		1,446.91		14.76	.169		46.67		2.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	ċ	.00	Ċ	.00
-		0	Ÿ	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
CO HOSPITAL INPATIENT TOTAL	0	0									
HSC HOSPITALS	•	•		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	· ·	•		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	EPOR	T FOR JAN :	2004 THRU	DEC	2004	PA	GE 2,535
MOP024	FEE-FOR-SERVICE/DI	ENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE	ES FOR EDWARDS	CASES	IN PA-FAMILIES		AID CODE	38				
							M	ONT	HLY AVERA	GE -	
579 ELIGIBLES	USERS UI	NITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	С	OST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	371		18,201.62	Ś	49.06	.641				
0.0000000000000000000000000000000000000	00	<i>→</i> , <u>+</u>	т	10,201.02	~		• • • • •	-1		7	O

COMM HOSP INPATIENT TOTAL	3	6		6,973.32		1162.22	.010		2324.44		12.04
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	3	6		6 <b>,</b> 973.32		1162.22	.010		2324.44		12.04
ACCOMMODATIONS	3	6		4,219.96		703.33	.010		1406.65		7.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		4,219.96		703.33	.010		1406.65		7.29
ANCILLARIES	3	0		2,753.36		.00	.000		917.79		4.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	84	365		11,228.30		30.76	.630		133.67		19.39
MEDICAL	40	60		3,235.19		53.92	.104		80.88		5.59
SURGERY	10	11		592.31		53.85	.019		59.23		1.02
PATHOLOGY	29	81		1,046.29		12.92	.140		36.08		1.81
RADIOLOGY	24	34		1,779.89		52.35	.059		74.16		3.07
ROOM USE	54	81		3,127.71		38.61	.140		57.92		5.40
CROSSOVERS/ALL OTH OUTPINT	31	98		1,446.91		14.76	.169		46.67		2.50
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00	'	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	۲	.00	٧	.00	.000	٧	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	58	\$	592.61	\$	10.22	.100	Ċ	31.19	Ċ	1.02
PATHOLOGY	19	58	۲	592.61	٧	10.22	.100	Y	31.19	Y	1.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	173	208	\$	23,190.41	Ġ	111.49	.359	Ġ	134.05	Ś	40.05
CLINIC CLINIC	1	4	۲	97.74	٧	24.44	.007	Y	97.74	Y	.17
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	172	204		23,092.67		113.20	.352		134.26		39.88
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	EC MOI		грорт			DEC		D	AGE 2,536
MOP024	FEE-FOR-SERVICE		.LO P1	NIII OF FAIMENT RE	TI OIVI	FOR UAN 2	2004 11110	טייכ	2004	E.	03/14/05
DEL NORTE COUNTY		ICES FOR EDWARDS	CASE	S IN DY-EVWILLES		AID CODE	3.0				03/14/03
DEL NORTE COONTI	SOMMANT OF SERV	ICES FOR EDWARDS	CASE	3 IN FA FAMILIES		AID CODE		√UNT.	HLY AVERA	CF	
579 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVF	RAGE COST					COST PER
373 HHIGIPHE	OBLIG	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	17	52	\$	653.79	\$	12.57	.090		38.46		1.13
DURABLE MED. EQUIP.	0	0	т	.00	7	.00	.000	т	.00	7	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
	O	O		• 0 0		• 0 0	.000		• 00		• • • •

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	9	86.80	9.64	.016	17.36	.15
PHYSICAL THERAPIST	5	8	153.83	19.23	.014	30.77	.27
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	34	405.15	11.92	.059	67.53	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.002	8.01	.01
@CALIF. CHILDREN SERVICES*	1	2 \$	78.12	\$ 39.06	.003	\$ 78.12	\$ .13
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
A* TOTALS IN THESE TIMES ARE CIVE	и ис и сприришь.	INFORMATION THEM ONLY	7.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,537
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -----58 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 40 117 5,639.67 48.20 2.017 \$ 140.99 \$ 97.24 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 260.01 32.50 .138 \$ 43.34 \$ 4.48 6 8 OUTPATIENT VISITS 4 4 205.90 51.48 .069 51.48 3.55 205.90 51.48 51.48 3.55 OFFICE VISITS .069 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 0 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.80		2.80	.017		2.80		.05
RADIOLOGY	2	2		34.66		17.33	.034		17.33		.60
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		16.65		16.65	.017		16.65		.29
@PHARMACY	21	56	\$	3,365.31	\$	60.09	.966	\$	160.25	\$	58.02
PRESCRIPTION DRUGS	21	56		3,365.31		60.09	.966		160.25		58.02
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	21	56		3,365.31		60.09	.966		160.25		58.02
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	6	\$	136.00	\$	22.67	.103	\$	136.00	\$	2.34
VISITS - DIAGNOSTIC	1	5		81.00		16.20	.086		81.00		1.40
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		55.00		55.00	.017		55.00		.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 20	04 THRU	DEC	2004	PAGI	2,538
MOP024	FEE-FOR-SERVICE/DENTAL									(	03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	. SSI AF	PEAL/	NLDC IN PA-DISABL	ED A	ID CODES 6N	6P				
							7. //		TT V ATION	CE	

DEL MONTE COONTI	SOMMANI OF SEN	VICES FOR	SSI AFFI	יו / ודשי	IDC IN LA DISABII	דע עד	0 60000	N OE				
								M	CNO	THLY AVERA	GE.	
58 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		7	\$	108.29	\$	15.47	.121	\$	54.15	\$	1.87
DIAGNOSTIC AND ANC. PROCED	1		1		22.59		22.59	.017		22.59		.39
EYE APPLIANCES	2		6		85.70		14.28	.103		42.85		1.48
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	4		6	\$	100.32	\$	16.72	.103	\$	25.08	\$	1.73
VISITS	4		6		100.32		16.72	.103		25.08		1.73
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6		13	\$	499.30	\$	38.41	.224	\$	83.22	\$	8.61
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	13	499.30	38.41	.224	83.22	8.61
MEDICAL	1	1	64.19	64.19	.017	64.19	1.11
SURGERY	2	2	152.41	76.21	.034	76.21	2.63
PATHOLOGY	1	3	31.38	10.46	.052	31.38	.54
RADIOLOGY	1	1	56.51	56.51	.017	56.51	.97
ROOM USE	2	2	83.98	41.99	.034	41.99	1.45
CROSSOVERS/ALL OTH OUTPTNT	2	4	110.83	27.71	.069	55.42	1.91
@COUNTY HOSPITAL TOTAL	1	1 \$	20.86	\$ 20.86	.017	\$ 20.86	\$ .36
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	20.86	20.86	.017	20.86	.36
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		1	20.86	20.86	.017	20.86	.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,539

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

DEL NORTE COUNTY	SUMMARY OF SERVIC	ES FOR SSI APE	ŁAL/N	LDC IN PA-DISABL	ED AID CC	DES ON		MONT	HLY AVERA	GE	
58 ELIGIBLES	USERS U	NITS OF SERVICE	3	EXPENDITURES	AVERAGE	COST	UNITS/DA	YS	COST PER	CO	ST PER
		OR DAYS OF CARE	3		PER UNI	T/DAY	PER ELI	G	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	5	12	\$	478.44	\$ 39	.87	.207	\$	95.69	\$	8.25
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
ALL OTHER INPATIENT	U	12		.00			.207				
COMM HOSP OUTPATIENT TOTAL	5			478.44		.87			95.69		8.25
MEDICAL	1	1		64.19		.19	.017		64.19		1.11
SURGERY	2	2		152.41		5.21	.034		76.21		2.63
PATHOLOGY	1	3		31.38		.46	.052		31.38		.54
RADIOLOGY	1	1		56.51		5.51	.017		56.51		.97
ROOM USE	2	2		83.98		.99	.034		41.99		1.45
CROSSOVERS/ALL OTH OUTPTNT	1	3		89.97		.99	.052		89.97		1.55
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	S	.00	S	.00	.000		.00	Ċ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000		.00	Ÿ	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	0	0	<u>^</u>	.00	<u>^</u>	.00	.000		.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	· ·	•	\$	.00	\$	.00	.000		.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000		.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	13	\$	1,113.09	\$ 85	.62	.224	\$	111.31	\$	19.19
CLINIC	0	0		.00	•	.00	.000		.00	•	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	13		1,113.09		.62	.224		111.31		19.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO							PAG	E 2,540
MOP024	FEE-FOR-SERVICE/D			01 1111111111 10		2		יייי	2001		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICE		PEAT./N	T.DC TN PA-DTGART	ED ATD CO	DES EN	I 6P				00/14/00
DIT MOLLT COOMIT	SOUTHWILL OF SEIVATO	TO LOW DOT WEL	וו /עמיי.	TOC IN IN DISABLE	TO AID CC			MONTH.	HLY AVERA	CF _	
EQ ELICIDIES	HCEDC H	NIEC OF CEDITOR	,	EADENDIMIDEC	ATTEDACE						

58 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	(	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	8 \$	57.35	\$ 7.17	.138 \$	19.12 \$	.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	57.35	7.17	.138	19.12	.99
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	2	4 \$	107.02	\$ 26.76	.069 \$	53.51 \$	1.85
O+ MOMATO IN MURCE TIMES ARE CIVEN	AC A CEDADAM	TNEODMARION TREM ONLY.					

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,541
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MON	THLY AVERA	GE
61 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	40	282 \$	32,628.58	\$ 115.70	4.623 \$	815.71	\$ 534.89
@PHYSICIANS SERVICES	4	4 \$	89.35	\$ 22.34	.066 \$	22.34	\$ 1.46
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4		4		89.35		22.34	.066		22.34		1.46
@PHARMACY	27		89	\$	6,706.87	\$	75.36	1.459	\$	248.40	\$	109.95
PRESCRIPTION DRUGS	26		88		6,661.39		75.70	1.443		256.21		109.20
SNF/ICF	10		42		2,988.85		71.16	.689		298.89		49.00
OUTPATIENTS	16		46		3,672.54		79.84	.754		229.53		60.21
MEDICAL SUPPLIES	1		1		45.48		45.48	.016		45.48		.75
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPE	NDITUE	RES MOI	NTH-OF-PAYMENT RE	EPORT :	FOR JAN 2	2004 THRU	DEC	2004	Р	PAGE 2,542
MOP024	FEE-FOR-SERVICE,	DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	CES FOR C	CRAIG C	CASES-	AGED IN PA-AGED		AID CODE	E 1E				
								M	ONT	HLY AVERA	.GE	
61 ELIGIBLES	USERS	UNITS OF S	ERVICE	C.	EXPENDITURES	AVER.	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS O				PER 1	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC PROCED	Ω		Ω		0.0		0.0	000		0.0		0.0

61 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	RAGE COST	UNITS/DAY	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00		\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0		.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0		.00	.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.00	.000		.00	.00
@PODIATRIST	1	1	\$	3.24	\$ 3.24	.016	\$	3.24	\$ .05
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00	.00
SURGERY/ANES.	0	0		.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00	.00
OTHER	1	1		3.24	3.24	.016		3.24	.05
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$ .00

FAMILY NURSE PRACTITIONER	0	0 \$		\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	3	11 \$		\$ 14.14	.180 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ô	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	11	155.53	14.14	.180	51.84	2.55
	3	0					
MEDICAL	U	•	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	11	155.53	14.14	.180	51.84	2.55
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ü	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 2,543
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
DEL NORTE COUNTY			SES- AGED IN PA-AGED	AID COD	E 1E		
					MON	THLY AVERAG	GE
61 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	11 \$	155.53	\$ 14.14	.180 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0				.00	
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	11	155.53	14.14	.180	51.84	2.55
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	11	155.53	14.14	.180	51.84	2.55
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	170	\$ 25,428.27	\$ 149.58	2.787	\$ 2825.36	\$ 416.86
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	9	170	25,428.27	149.58	2.787	2825.36	416.86
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$ 182.74	\$ 60.91	.049	\$ 60.91	\$ 3.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 3 3 3 182.74 60.91 .049 60.91 3.00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,544 FEE-FOR-SERVICE/DENTAL 03/14/05

DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

222 1101112 0001111	00111111111	0 1010 014110 011010	11022 211 11022	1112 0021			
					MON	THLY AVERA	GE
61 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	4 \$	62.58	\$ 15.65	.066 \$	20.86	\$ 1.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.033	26.08	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	36.50	18.25	.033	18.25	.60
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	13	18 \$	5,589.66	\$ 310.54	.295 \$	429.97	\$ 91.63
@* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARATE	INFORMATION ITEM (	ONLY;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,545 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

DOLLINICI OI DIICA	TCDD IOIN	CIUITO	2110110	DHIND IN IN DHI	VD.	TILD CODE				
							MC	NTHLY AVE	RAGE	
USERS	UNITS OF	SERVIC	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PE	R	COST PER
	OR DAYS	OF CAR	₹.		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
13		109	\$	10,783.06	\$	98.93	4.955	\$ 829.4	7 \$	490.14
3		6	\$	73.40	\$	12.23	.273	\$ 24.4	7 \$	3.34
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
0		0		.00		.00	.000	.0	0	.00
		USERS UNITS OF	USERS UNITS OF SERVICE OR DAYS OF CAR	USERS UNITS OF SERVICE OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE  13 109 \$ 10,783.06 3 6 \$ 73.40 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	USERS UNITS OF SERVICE EXPENDITURES AVEION OR DAYS OF CARE  13 109 \$ 10,783.06 \$ PER  13 6 \$ 73.40 \$  0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY  13 109 \$ 10,783.06 \$ 98.93  3 6 \$ 73.40 \$ 12.23  0 0 0 .00 .00  0 0 0 .00 .00  0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OF \$ 10,783.06 \$ 98.93 \$ 4.955 \$ 3 \$ 6 \$ 73.40 \$ 12.23 \$ .273 \$ 0 \$ 0 \$ 0 \$ .00 \$	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OF TAXABLE	USERS UNITS OF SERVICE OR DAYS OF CARE  13 109 \$ 10,783.06 \$ 98.93 4.955 \$ 829.47 \$ 3 6 \$ 73.40 \$ 12.23 .273 \$ 24.47 \$ 0 0 0 .00 .00 .00 .00 .00 0 0 0 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0									
INPATIENT HOSPITAL SURGERY	U	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0									
IMMUNIZATION AND INJECTION	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	6	_	73.40	_	12.23	.273	_	24.47	_	3.34
@PHARMACY	7	40	\$	2,951.61	\$	73.79	1.818	Ş		Ş	134.16
PRESCRIPTION DRUGS	7	40		2,951.61		73.79	1.818		421.66		134.16
SNF/ICF	3	20		1,530.91		76.55	.909		510.30		69.59
OUTPATIENTS	4	20		1,420.70		71.04	.909		355.18		64.58
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ENDODONTICS	0	0				.00	.000				.00
RESTORATIVE DENTISTRY	U	0		.00		.00	.000		.00		.00
PROSTHETICS	U	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	JRES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2		DEC		PΙ	AGE 2,546
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
DEL NORTE COUNTY	,		CASES-	- BLIND IN PA-BLIN	ND	AID COD	E 2E				00/11/00
DEE NORTE COOKIT	SOIRER OF SERVE	000 1010 014110	0110110		.,,	1110 0001		/(∩NITT	HLY AVERA	CF -	
22 ELIGIBLES	USERS 1	UNITS OF SERVI	~F	EXPENDITURES	Z 1/F1	PACE COST	UNITS/DAY				COST PER
ZZ EHIGIDHES	OSERS	OR DAYS OF CAR		EXFENDITORES			PER ELIC	-	USER		ELIGIBLE
A O DELOMETED T CE	0		NE ċ	.00					.00		
@OPTOMETRIST		0	Ą		Ą	.00		Ş		Ą	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	-	-									

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	1	4 \$	45.06	\$ 11.27	.182	45.06	\$ 2.05
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
HOSP OUTPATIENT TOTAL	1	4	45.06	11.27		45.06	2.05
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	0	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	4	45.06	11.27		45.06	2.05
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00			\$ .00
CO HOSPITAL INPATIENT TOTAL	ŭ	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
	0	0	.00	.00		.00	
INPATIENT CROSSOVERS	0	0	.00			.00	.00
ALL OTHER INPATIENT	0	0		.00			.00
CO HOSP OUTPATIENT TOTAL	0	•	.00	.00		.00	.00
MEDICAL	0	0		.00			.00
SURGERY	0	0	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	ŭ	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPINT	· ·	•		.00		.00	.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT R	REPORT FOR JA	AN 2004 THRU DE	SC 2004	PAGE 2,547
MOP024	FEE-FOR-SERVICE	,		.ND 3.TD (	70DE 2E		03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CAS	SES- BLIND IN PA-BLI	.ND AID (	CODE 2E		CE
22 81 10101 80	HOEDO	INTEG OF GERLITOR		317ED30E 00			GE
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAYS		
	1	OR DAYS OF CARE	45.00		DAY PER ELIG		
@COMMUNITY HOSPITAL TOTAL	1	4 \$		·			
COMM HOSP INPATIENT TOTAL	0	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	Λ	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	4		45.06		11.27	.182		45.06		2.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	4	_	45.06	_	11.27	.182	_	45.06	_	2.05
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED @NURSING FACILITY	0	0 51	Ś	.00 7,423.74	\$	.00 145.56	.000 2.318	\$	.00 1237.29	ċ	.00 337.44
LEV A-INTERMEDIATE	0	0	ş	.00	Ą	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	51		7,423.74		145.56	2.318		1237.29		337.44
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	ć	.00	Ċ	.00	.000	Ċ	.00	ć	.00
@LABORATORY FACILITY PATHOLOGY	0	0	\$	.00	\$	.00	.000	Ş	.00	Þ	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	206.00	Ś	206.00	.045	\$	206.00	Ś	9.36
CLINIC	0	0	٧	.00	Υ	.00	.000	Ψ	.00	٧	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		206.00		206.00	.045		206.00		9.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MO	ONTH-OF-PAYMENT E	REPORT	r for jan	2004 THRU	DEC	2004	PA	AGE 2,548
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
DEL NORTE COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- BLIND IN PA-BLI	IND	AID COD					
									HLY AVERA	GE -	
22 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CA		00.05			PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3	7	\$	83.25	\$	11.89	.318		27.75		3.78
DURABLE MED. EQUIP.	0	0		.00		.00					.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	1	0		.00 31.58		.00 7.90	.000		.00 31.58		.00 1.44
	0	4		.00			.000		.00		.00
AMBULANCES/AIR TRANS OTHER TRANS	U 1	U A		31.58		.00 7.90	.182		31.58		1.44
OTHER TRANS OTHER SERVICES	U	4 0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
221,2110 21011101 11011110	V	O		• 0 0		• 0 0	• 0 0 0		• 0 0		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	30.00	15.00	.091	30.00	1.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	21.67	21.67	.045	21.67	.99
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	7	8	\$ 1,142.06	\$ 142.76	.364	\$ 163.15	\$ 51.91

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,549
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----374 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 234 2,413 \$ 47.54 6.452 \$ 490.28 \$ 306.75 @TOTAL, ALL PROVIDERS 114,725.62 \$ @PHYSICIANS SERVICES 35 78 \$ 3,079.10 \$ 39.48 .209 \$ 87.97 \$ 8.23 9 48.29 OUTPATIENT VISITS 8 386.30 42.92 .024 1.03 6 7 301.18 43.03 .019 50.20 OFFICE VISITS .81

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	2	2		85.12		42.56	.005	42.56		.23
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		94.94		47.47	.005	47.47		.25
EXAMINATIONS	2	2		94.94		47.47	.005	47.47		.25
	0	0								.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		
INPATIENT HOSPITAL SURGERY	U	-		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	3	3		1,275.72		425.24	.008	425.24		3.41
PRINCIPAL SURGEON	3	3		1,275.72		425.24	.008	425.24		3.41
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	6		196.51		32.75	.016	65.50		.53
RADIOLOGY	9	20		669.65		33.48	.053	74.41		1.79
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	18	38		455.98		12.00	.102	25.33		1.22
@PHARMACY	141		\$	51,341.05	\$	64.10	2.142		Ś	137.28
PRESCRIPTION DRUGS	139	480	Υ	49,598.88	Y	103.33	1.283	356.83	٧	132.62
SNF/ICF	6	67		4,401.25		65.69	.179	733.54		11.77
				•						120.85
OUTPATIENTS	133	413		45,197.63		109.44	1.104	339.83		
MEDICAL SUPPLIES	9	321	<u> </u>	1,742.17	<u> </u>	5.43	.858	193.57	<u> </u>	4.66
@DENTIST	6		\$	443.00	\$	24.61	.048		\$	1.18
VISITS - DIAGNOSTIC	4	13		290.00		22.31	.035	72.50		.78
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		118.00		118.00	.003	118.00		.32
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	3		.00		.00	.008	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.003	35.00		.09
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			S MONT		EPOR				Р	AGE 2,550
	FEE-FOR-SERVICE		0 110111	01 111111111111111111111111111111111				220 2001	-	03/14/05
DEL NORTE COUNTY			SES- D	TSARIED IN DA-	A P T C A	BIED ATD CO	ODE 6E			03/11/03
DEE NORTE COONTI	SOMMAN OF SERV	TOES FOR CIVATO CAS	OBO D	IDADDED IN IA	DIDA	DIED AID C		ONTHLY AVERA	CF	
374 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7.7	EDACE COCH				
3/4 501616053	USEKS	OR DAYS OF CARE		FVLFNDIIOVES		R UNIT/DAY				ELIGIBLE
A O D T O M E T D T C T	2	OR DAIS OF CARE	ċ	64 20		12.88				
@OPTOMETRIST	2	5 ¥ 0	Y	64.39	Ą			•	ې	
DIAGNOSTIC AND ANC. PROCED	0			.00		.00	.000	.00		.00
EYE APPLIANCES	2	5 0		64.39		12.88	.013	32.20		.17
OTHER OPTOMETRIC SERVICES	U	U		.00		.00	.000	.00		.00

@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.005	Ś	33.44	Ś	.09
VISITS	1	2		33.44		16.72	.005		33.44	'	.09
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$		\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	44	\$	3,144.16	\$	71.46	.118	\$	1048.05	\$	8.41
NURSE ANESTHESIST	2	5	\$	132.57		26.51	.013	\$	66.29	\$	.35
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	32	197	\$	30,135.83	\$	152.97	.527	\$	941.74	\$	80.58
HOSP INPATIENT TOTAL	3	9		23,078.38		2564.26	.024		7692.79		61.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	9		22,202.38		2466.93	.024		11101.19		59.36
ACCOMMODATIONS	2	9		8,339.31		926.59	.024		4169.66		22.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9		8,339.31		926.59	.024		4169.66		22.30
ANCILLARIES	2	0		13,863.07		.00	.000		6931.54		37.07
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		2.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31	188		7,057.45		37.54	.503		227.66		18.87
MEDICAL	8	8		390.90		48.86	.021		48.86		1.05
SURGERY	4	7		534.95		76.42	.019		133.74		1.43
PATHOLOGY	12	107		1,424.93		13.32	.286		118.74		3.81
RADIOLOGY	12	18		3,697.21		205.40	.048		308.10		9.89
ROOM USE	14	17		511.04		30.06	.045		36.50		1.37
CROSSOVERS/ALL OTH OUTPTNT	13	31		498.42		16.08	.083		38.34		1.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT F	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	P7	AGE 2,551
MOP024	FEE-FOR-SERVIC										03/14/05
DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES	S- DISABLED IN PA-	-DISA	BLED AID CO					
0.00			_				M				
374 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
0.000,000,000,000	2.5	OR DAYS OF CAR		00 10=		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	197	Ş	30,135.83	Ş	152.97	.527	Ş	941.74	Ş	80.58

COMM HOSP INPATIENT TOTAL	3	9		23,078.38		2564.26	.024		7692.79		61.71
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	9		22,202.38		2466.93	.024		11101.19		59.36
ACCOMMODATIONS	2	9		8,339.31		926.59	.024		4169.66		22.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9		8,339.31		926.59	.024		4169.66		22.30
ANCILLARIES	2	0		13,863.07		.00	.000		6931.54		37.07
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		2.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	31	188		7,057.45		37.54	.503		227.66		18.87
MEDICAL	8	8		390.90		48.86	.021		48.86		1.05
SURGERY	4	7		534.95		76.42	.019		133.74		1.43
PATHOLOGY	12	107		1,424.93		13.32	.286		118.74		3.81
RADIOLOGY	12	18		3,697.21		205.40	.048		308.10		9.89
ROOM USE	14	17		511.04		30.06	.045		36.50		1.37
CROSSOVERS/ALL OTH OUTPINT		31		498.42		16.08	.083		38.34		1.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	7	.00	Υ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	123	\$	14,708.66	\$		.329	\$	2451.44	Ċ	39.33
LEV A-INTERMEDIATE	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		
	0	0									.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	123	_	14,708.66	_	119.58	.329	_	2451.44	_	39.33
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	21	\$	240.10	\$	11.43	.056	\$	48.02	\$	.64
PATHOLOGY	5	21		240.10		11.43	.056		48.02		.64
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	64	88	\$	8,021.51	\$	91.15	.235	\$	125.34	\$	21.45
CLINIC	1	1		72.97		72.97	.003		72.97		.20
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	63	87		7,948.54		91.36	.233		126.17		21.25
#CALIF DEPT OF HEALTH SERV			IRES M	ONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 2,552
MOP024	FEE-FOR-SERVICE		TOD II		.DI OI(I	. 1010 07110 7	2001 111110	рцс	2001	Ι.	03/14/05
DEL NORTE COUNTY			CASES	- DISABLED IN PA-	DISAF	RIFD ATD CO	ODE 6E				03/11/03
DEL NORTE COUNTT	SOPERATO OF SERV	TEED FOR CHAIG	CADED	DISABLED IN IA	DIDAL	DEED AID CO	M	ONT	HIV AVERA	CF	
374 ELIGIBLES	USERS	UNITS OF SERVIC	'F	EXPENDITURES	Δ1/Ε	PACE COST					COST PER
374 EDIGIDDES	OBERS	OR DAYS OF CAR		EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	34		\$	3,381.81	\$	3.28	2.757		99.47		9.04
-	1	1,031	۲	48.21	ې	16.07	.008	٢	48.21	ې	.13
DURABLE MED. EQUIP.	0	0									
BLOOD BANK				.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	10	158		1,294.92		8.20	.422		129.49		3.46

AMBULANCES/AIR TRANS	4	100	851.30	8.51	.267	212.83	2.28	
OTHER TRANS	6	58	443.62	7.65	.155	73.94	1.19	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	4	12	233.87	19.49	.032	58.47	.63	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	2	5	193.88	38.78	.013	96.94	.52	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	9	142	1,175.20	8.28	.380	130.58	3.14	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	8	711	435.73	.61	1.901	54.47	1.17	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	26	56	\$ 1,683.86	\$ 30.07	.150	\$ 64.76	\$ 4.50	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,553
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----457 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,804 551.00 \$ 346.03 287 158,137.26 \$ 56.40 6.136 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 42 88 3,241.85 \$ 36.84 .193 \$ 77.19 \$ 7.09 OUTPATIENT VISITS 8 9 386.30 42.92 .020 48.29 .85 301.18 43.03 .015 50.20 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .19 OTHER OUTPATIENT 85.12 42.56 .004 42.56 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .00 CRITICAL CARE .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 94.94 OPHTHALMOLOGICAL SERVICES 47.47 .004 47.47 .21 94.94 47.47 47.47 EXAMINATIONS .004 .21 .00 .00 .00 .000 SERVICES AND MATERIALS .00 INPATIENT HOSPITAL SURGERY .00 .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY 1,275.72 425.24 .007 425.24 2.79 425.24 PRINCIPAL SURGEON 1,275.72 425.24 .007 2.79

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		196.51		32.75	.013		65.50		.43
RADIOLOGY	9	20		669.65		33.48	.044		74.41		1.47
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	25	48		618.73		12.89	.105		24.75		1.35
@PHARMACY	175	930	\$	60,999.53	\$	65.59	2.035	\$	348.57	\$	133.48
PRESCRIPTION DRUGS	172	608		59,211.88		97.39	1.330		344.26		129.57
SNF/ICF	19	129		8,921.01		69.16	.282		469.53		19.52
OUTPATIENTS	153	479		50,290.87		104.99	1.048		328.70		110.05
MEDICAL SUPPLIES	10	322		1,787.65		5.55	.705		178.77		3.91
@DENTIST	6	18	\$	443.00	\$	24.61	.039	\$	73.83	\$	.97
VISITS - DIAGNOSTIC	4	13		290.00		22.31	.028		72.50		.63
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.002		118.00		.26
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	3		.00		.00	.007		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.002		35.00		.08
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES MO	NTH-OF-PAYMENT RE	PORT	' FOR JAN	2004 THRU	DEC	2004	P.F	AGE 2,554
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	TOTAL IN PA-TOTA	ΔL						
							7. 4	O N T FFT T	TT 37 7 TT T	OH	

----- MONTHLY AVERAGE -----

457 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	5 \$	64.39	\$ 12.88	.011 \$	32.20	\$ .14
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	5	64.39	12.88	.011	32.20	.14
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	2 \$	33.44	\$ 16.72	.004 \$	33.44	\$ .07
VISITS	1	2	33.44	16.72	.004	33.44	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	3.24	\$ 3.24	.002 \$		\$ .01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.24	3.24	.002	3.24	.01
@HOME HEALTH AGENCY	3	44 \$	3,144.16	\$ 71.46	.096 \$	1048.05	\$ 6.88
NURSE ANESTHESIST	2	5 \$	132.57	\$ 26.51	.011 \$	66.29	\$ .29
NURSE MIDWIFE	0	0 S	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	36	212 \$	30,336.42	\$ 143.10	.464 \$		\$ 66.38
HOSP INPATIENT TOTAL	3	9	23,078.38	2564.26	.020	7692.79	50.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	9	22,202.38	2466.93	.020	11101.19	48.58
ACCOMMODATIONS	2	9	8,339.31	926.59	.020	4169.66	18.25
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.020	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	8,339.31	926.59	.020	4169.66	18.25
ANCILLARIES	2	0	13,863.07	.00	.000	6931.54	30.33
INPATIENT CROSSOVERS	∠ 1	0	876.00	.00	.000	876.00	1.92
	0	0		.00			.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	35	203	.00 7,258.04	35.75	.000	.00 207.37	15.88
	8	8				48.86	.86
MEDICAL SURGERY	8 4	8 7	390.90 534.95	48.86 76.42	.018 .015	133.74	1.17
PATHOLOGY	12	107	1,424.93	13.32	.234	118.74	3.12
	12	18	•			308.10	8.09
RADIOLOGY	14	17	3,697.21 511.04	205.40 30.06	.039 .037	36.50	1.12
ROOM USE	17	46	699.01				1.12
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0	46 0 \$	.00	15.20 \$ .00	.101 .000 \$	41.12	\$ .00
-	0	0 \$	.00		.000 \$	.00	.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	0					
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U CAI CEDITT	O O THE EXPENDING MOI	.00.	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEI	DI-CHT SEKAIC	ES AND EXPENDITURES MOI	NIT-OF-PAIMENT KE	LFORI FOR JAN 2	OO4 THEO DE	C 2004	PAGE 2,555

MOP024 FEE-FOR-SERVICE/DENTAL
DEL NORTE COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

DEL NORIE COUNTI	SUMMARI OF SERVICE	S FOR CRAIG CASES	- IOIAL IN FA-IOIA	AL			~-	
					MON'			
457 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	30,336.42 23,078.38 .00 22,202.38 8,339.31 .00 .00 8,339.31	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	212 \$	30,336.42 23,078.38	\$ 143.10	.464 \$	842.68	Ş	
COMM HOSP INPATIENT TOTAL	3	9	23 <b>,</b> 078.38	2564.26	.020	7692.79		50.50
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	9	22 <b>,</b> 202.38	2466.93	.020	11101.19		48.58
ACCOMMODATIONS	2	9	8,339.31	926.59	.020	4169.66		18.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	2	9	8,339.31 13,863.07	.00 926.59 .00 .00 .00 35.75 48.86 76.42	.020	4169.66		18.25
ANCILLARIES	2	0	13,863.07	.00	.000	6931.54		30.33
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00		1.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	876.00 .00 207.37 48.86 133.74		.00
COMM HOSP OUTPATIENT TOTAL	35	203	7,258.04	35.75	.444	207.37		15.88
MEDICAL	8	8	390.90	48.86	.018	48.86		.86
SURGERY	4	7	534.95	76 42	.015	133 74		1.17
PATHOLOGY	12	107	1,424.93	13 32	.234	118.74		3.12
RADIOLOGY	4 12 12	212 \$ 9 0 9 9 0 0 0 9 0 203 8 7 107 18	3,697.21	13.32 205.40	.039	308.10		8.09
ROOM USE	14	18 17	511.04	30.06	.037	36.50		1.12
CROSSOVERS/ALL OTH OUTPINT		46	699.01	15.20	.101	41.12		1.53
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	Ċ	.00
MENTALLY ILL	0	0 5	.00	.00	.000	.00	۲	.00
MENIALLI ILL	0	0						.00
DEVELOP. DISABLED	0	0 344 \$	.00 47,560.67	.00	.000	.00	ċ	
@NURSING FACILITY	0 0 21 0				·	2264.79	Ş	
LEV A-INTERMEDIATE	U	0	.00	.00		.00		.00
LEV B-KEHAB MD	U	0	.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0 0 0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0 0 21 0	0	.00 .00 47,560.67 .00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		.00	.00	.000	.00		.00
LEV B-REGULAR	21	344	47 <b>,</b> 560.67	138.26		2264.79		104.07
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00		.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0 \$ 0 0 21 \$ 21 0 92 \$	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	5	21 \$	240.10	\$ 11.43	.046 \$		Ś	.53
PATHOLOGY	5	21	240.10	11.43	.046	48.02	'	.53
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATTENT CLINIC	68	92 \$	8,410.25		.201 \$	123.68	Ś	18.40
CLINIC	1	1	72.97	•		72.97		.16
SURGICENTER	Ô	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RIBAL HEALTH CLINIC	67	0.1	00 PS 2 2 2 0 0	01 62	100	124 44		18.24
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDVICEC	AND EADEMDILLIDES M	O, JJ 7. ZO	₽₽∩₽₩ ₩₽∩₽ • ₩XT Ф∩₽ ₩₩	יםת ווסטת 2007 פפ∓י	124.44	D:	AGE 2,556
MOP024	FEE-FOR-SERVICE/DE	MWYI VMO EVERMATIOVEO M	ONTH OF PAIMENT RI	LIONI FOR UAN .	TOOA TUVO DE	2004	r F	03/14/05
DEL NORTE COUNTY		INTAL IS FOR CRAIG CASES	- TOTAL TM DA-TOT	7\ T				03/14/03
NET MOVIE COOMII	SOUMMANT OF SERVICE	TO LOV CKAIG CASES	TOTAL IN PA-TOTA	עח	MON'	ת מיינות על דווח	CE	
457 51 50151 50	HOEDO	THE OF CERTIFIE		ATTERNACE COOR				

457 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	40	1,042	\$ 3,527	.64	\$	3.39	2.280	\$ 88.19	\$	7.72
DURABLE MED. EQUIP.	1	3	48	.21		16.07	.007	48.21		.11
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	11	162	1,326	.50		8.19	.354	120.59		2.90
AMBULANCES/AIR TRANS	4	100	851	.30		8.51	.219	212.83		1.86
OTHER TRANS	7	62	475	.20		7.66	.136	67.89		1.04
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	6	16	289	.95		18.12	.035	48.33		.63
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	5	193	.88		38.78	.011	96.94		.42
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	9	142	1,175	.20		8.28	.311	130.58		2.57
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	11	714	493	.90		.69	1.562	44.90		1.08
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	46	82	\$ 8,415	.58	\$	102.63	.179	\$ 182.95	\$	18.41

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,557 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

DDD NORTH COONTI	DOIMMING OF BEIN	VICED TON TOTAL	,111,111	100		1/01		<b>C T</b>	
						MOI	NTHLY AVERA	.GE -	
91,786 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	60,045	740,541	\$	27,984,376.35	\$ 37.79	8.068	466.06	\$	304.89
@PHYSICIANS SERVICES	10,264	25 <b>,</b> 962	\$	987 <b>,</b> 691.92	\$ 38.04	.283	96.23	\$	10.76
OUTPATIENT VISITS	3,084	4,117		149,505.79	36.31	.045	48.48		1.63
OFFICE VISITS	2,603	3,427		116,604.43	34.03	.037	44.80		1.27
HOME VISITS	3	3		71.59	23.86	.000	23.86		.00
EMERGENCY ROOM	349	417		22,623.90	54.25	.005	64.82		.25
PREVENTIVE CARE	1	1		34.69	34.69	.000	34.69		.00
OB VISITS/COMPRE PERI	42	118		5,386.28	45.65	.001	128.24		.06
OTHER OUTPATIENT	139	151		4,784.90	31.69	.002	34.42		.05
INPATIENT VISITS	376	1,404		81 <b>,</b> 191.97	57.83	.015	215.94		.88
HOSPITAL VISITS	335	1,125		50 <b>,</b> 280.65	44.69	.012	150.09		.55
CRITICAL CARE	44	247		29 <b>,</b> 646.92	120.03	.003	673.79		.32
SNF/ICF/TRANS IP CARE	25	32		1,264.40	39.51	.000	50.58		.01
OPHTHALMOLOGICAL SERVICES	191	236		9,467.48	40.12	.003	49.57		.10
EXAMINATIONS	191	236		9,467.48	40.12	.003	49.57		.10
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	330	1,666		166,919.23		100.19	.018	505.82		1.82
PRINCIPAL SURGEON	248	351		137,209.97		390.91	.004	553.27		1.49
ASSISTANT SURGEON	41	40		7,926.05		198.15	.000	193.32		.09
ANESTHESIOLOGIST	82	1,275		21,783.21		17.08	.014	265.65		.24
OUTPATIENT SURGERY	858	1,778		199,190.69		112.03	.019	232.16		2.17
PRINCIPAL SURGEON	809	1,165		186,961.42		160.48	.013	231.10		2.04
ASSISTANT SURGEON	2	2		269.54		134.77	.000	134.77		.00
ANESTHESIOLOGIST	69	611		11,959.73		19.57	.007	173.33		.13
DIALYSIS	20	120		5 <b>,</b> 549.78		46.25	.001	277.49		.06
PATHOLOGY	831	1,432		25,739.43		17.97	.016	30.97		.28
RADIOLOGY	3 <b>,</b> 796	5 <b>,</b> 990		151,098.17		25.23	.065	39.80		1.65
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	305	743		52,691.11		70.92	.008	172.76		.57
OTHER SERVICES/ALL X-OVERS	3,264	8,476		146,338.27		17.27	.092	44.83		1.59
@PHARMACY	35,744	335,810	\$	11,704,428.28	\$	34.85	3.659	\$ 327.45	\$	127.52
PRESCRIPTION DRUGS	35 <b>,</b> 321	124,455		11,477,899.05		92.23	1.356	324.96		125.05
SNF/ICF	731	5 <b>,</b> 526		397,204.04		71.88	.060	543.37		4.33
OUTPATIENTS	34,624	118,929		11,080,695.01		93.17	1.296	320.03		120.72
MEDICAL SUPPLIES	2,098	211,355		226,529.23		1.07	2.303	107.97		2.47
@DENTIST	1,158	7,138	\$	295,899.31	\$	41.45	.078	\$ 255.53	\$	3.22
VISITS - DIAGNOSTIC	864	3,461		56,558.50		16.34	.038	65.46		.62
ORAL SURGERY	291	1,498		91,127.00		60.83	.016	313.15		.99
DRUGS	8	10		75.00		7.50	.000	9.38		.00
ANESTHESIA	103	103		9,800.00		95.15	.001	95.15		.11
PERIODONTICS	10	10		709.00		70.90	.000	70.90		.01
ENDODONTICS	99	218		23,120.00		106.06	.002	233.54		.25
RESTORATIVE DENTISTRY	316	1,218		60,986.25		50.07	.013	192.99		.66
PROSTHETICS	6	6		200.00		33.33	.000	33.33		.00
DENTURES, STAYPLATES	133	240		50,333.56		209.72	.003	378.45		.55
SPACE MAINTAINERS	3	3		320.00		106.67	.000	106.67		.00
MAXILLOFACIAL SERVICES	12	12		500.00		41.67	.000	41.67		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	28	30		1,870.00		62.33	.000	66.79		.02
ALL OTHER SERVICES	50	329		300.00		.91	.004	6.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES 1	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC 2004	PA	GE 2,558
MOP024	FEE-FOR-SERVICE/DENTA	ΔL								03/14/05
DEL NORTE COUNTY	SUMMARY OF SERVICES E	OR TOTAL	CERT	IFIED						
							M	ONTHLY AVERA	GE -	

							1,1/	OIAT	TIITI AARIVA	<u></u>	
91,786 ELIGIBLES	USERS	UNITS OF SERVICE	<u> </u>	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	C		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,607	4,245	\$	95 <b>,</b> 044.33	\$	22.39	.046	\$	59.14	\$	1.04
DIAGNOSTIC AND ANC. PROCED	989	1,116		43,986.70		39.41	.012		44.48		.48
EYE APPLIANCES	1,138	3,099		50,006.70		16.14	.034		43.94		.54
OTHER OPTOMETRIC SERVICES	32	30		1,050.93		35.03	.000		32.84		.01
@CHIROPRACTOR	529	931	\$	15,234.46	\$	16.36	.010	\$	28.80	\$	.17
VISITS	507	894		14,763.76		16.51	.010		29.12		.16
OTHER SERVICES	23	37		470.70		12.72	.000		20.47		.01
@PODIATRIST	365	540	\$	11,494.89	\$	21.29	.006	\$	31.49	\$	.13
MEDICINE/INJECTIONS	159	190		6 <b>,</b> 154.87		32.39	.002		38.71		.07
SURGERY/ANES.	4	5		318.49		63.70	.000		79.62		.00
RADIO./PATHOLOGY	12	22		378.89		17.22	.000		31.57		.00
OTHER	205	323		4,642.64		14.37	.004		22.65		.05
@HOME HEALTH AGENCY	118	909	\$	61,958.16	\$	68.16	.010	\$	525.07	\$	.68
NURSE ANESTHESIST	566	3,026	\$	56 <b>,</b> 786.69	\$	18.77	.033	\$	100.33	\$	.62
NURSE MIDWIFE	174	361	\$	61,288.54	\$	169.77	.004	\$	352.23	\$	.67
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$	57.20	.000	\$	57.20	\$	.00

FAMILY NURSE PRACTITIONER	6	6	\$ 167.83	\$ 27.97	.000	\$ 27.97	\$ .00
@TOTAL HOSPITAL	13,032	67 <b>,</b> 695	\$ 8,009,177.34	\$ 118.31	.738	\$ 614.58	\$ 87.26
HOSP INPATIENT TOTAL	956	2 <b>,</b> 895	5,877,834.91	2030.34	.032	6148.36	64.04
HSC HOSPITALS	57	299	455,240.63	1522.54	.003	7986.68	4.96
NON-HSC HOSPITAL TOTAL	642	2,596	5,198,298.16	2002.43	.028	8097.04	56.63
ACCOMMODATIONS	642	2,596	1,905,842.13	734.15	.028	2968.60	20.76
ADMINISTRATIVE DAYS	3	20	10,501.50	525.08	.000	3500.50	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	641	2 <b>,</b> 576	1,895,340.63	735.77	.028	2956.85	20.65
ANCILLARIES	642	0	3,292,456.03	.00	.000	5128.44	35.87
INPATIENT CROSSOVERS	264	0	224,296.12	.00	.000	849.61	2.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12,608	64 <b>,</b> 800	2,131,342.43	32.89	.706	169.05	23.22
MEDICAL	5,432	8 <b>,</b> 537	553 <b>,</b> 453.91	64.83	.093	101.89	6.03
SURGERY	1,223	1,588	85 <b>,</b> 708.33	53.97	.017	70.08	.93
PATHOLOGY	4 <b>,</b> 679	18 <b>,</b> 554	228 <b>,</b> 568.67	12.32	.202	48.85	2.49
RADIOLOGY	4,202	6,130	432,821.33	70.61	.067	103.00	
ROOM USE	6,466	9,963	395,802.04	39.73		61.21	4.31
CROSSOVERS/ALL OTH OUTPTNT	6,405	20,028	434,988.15	21.72		67.91	4.74
@COUNTY HOSPITAL TOTAL	34	141	\$ 14,916.14	\$	.002	\$ 438.71	\$ .16
CO HOSPITAL INPATIENT TOTAL	2	8	10,490.00	1311.25	.000	5245.00	.11
HSC HOSPITALS	2	8	10,490.00	1311.25	.000	5245.00	.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	133	4,426.14	33.28	.001	134.13	.05
MEDICAL	7	8	477.09	59.64	.000	68.16	.01

SURGERY	6	9	306.81	34.09	.000	51.14	.00	
PATHOLOGY	9	44	752.70	17.11	.000	83.63	.01	
RADIOLOGY	2	5	592.54	118.51	.000	296.27	.01	
ROOM USE	14	27	1,468.33	54.38	.000	104.88	.02	
CROSSOVERS/ALL OTH OUTPINT	18	40	828.67	20.72	.000	46.04	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 2,559	
MOP024	FEE-FOR-SERVICE/DE	EE-FOR-SERVICE/DENTAL						
DEL NORTE COUNTY	SUMMARY OF SERVICE	S FOR TOTAL CER	rifieD					

DEL NORTE COUNTY	SUMMARY OF SER	VICES FOR TOTAL CE	ERTIE	FIED					03/14/03
222 1101112 0001111	001111111111111111111111111111111111111	. 1020 1010 101112 02				MON	THLY AVERA	AGE	
91,786 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13,001	67 <b>,</b> 554	\$	7,994,261.20	\$ 118.34	.736	614.90	\$	87.10
COMM HOSP INPATIENT TOTAL	954	2 <b>,</b> 887		5,867,344.91	2032.33	.031	6150.26		63.92
HSC HOSPITALS	55	291		444,750.63	1528.35	.003	8086.38		4.85
NON-HSC HOSPITALS TOTAL	642	2 <b>,</b> 596		5,198,298.16	2002.43	.028	8097.04		56.63
ACCOMMODATIONS	642	2 <b>,</b> 596		1,905,842.13	734.15	.028	2968.60		20.76
ADMINISTRATIVE DAYS	3	20		10,501.50	525.08	.000	3500.50		.11
TRANSITIONAL IP CARE	0	0		.00	1528.35 2002.43 734.15 525.08	.000	.00		.00
ALL OTHER ACCOM	641	2,576		1,895,340.63	735.77	.028	2956.85		20.65
ANCILLARIES	642	0		3,292,456.03	.00	.000	5128.44		35.87
INPATIENT CROSSOVERS	264	0		224,296.12	.00	.000	849.61		2.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	12 <b>,</b> 578	0 64,667 8,529		2,126,916.29	32.89	.705	169.10		23.17
MEDICAL	5 <b>,</b> 425	8,529		552 <b>,</b> 976.82	64.83	.093	101.93		6.02
SURGERY	1,217	1,579		85,401.52	54.09	.017	70.17		.93
PATHOLOGY	4,672	18,510		227,815.97	12.31	.202	48.76		2.48
RADIOLOGY	4,200	6,125		432,228.79	70.57	.067	102.91		4.71
ROOM USE	6,455	9,936		394,333.71	39.69	.108	61.09		4.30
CROSSOVERS/ALL OTH OUTPTNT	6,389	19,988		434,159.48	21.72	.218	67.95		4.73
@STATE HOSPITAL	5	152	\$	106,678.16	\$ 701.83	.002	21335.63	\$	1.16
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	5	152		106,678.16	701.83	.002	21335.63		1.16
@NURSING FACILITY	716	17,840	\$	2,091,103.06	\$ 117.21	.194	2920.54	\$	22.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	3	104		12,228.28	117.58	.001	4076.09		.13
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	713	0 17,736		2,078,874.78	117.21	.193	2915.67		22.65
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	.00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	66	652	\$	69,535.66	\$ 106.65	.007	1053.57	\$	.76
HOSPITAL BASED	1	7		279.06	39.87	.000	279.06		.00
HEMODIALYSIS CENTER	65	645		69,256.60	107.37	.007	1065.49		.75
@REHABILITATION FACILITY	71	619	\$	13,259.97	\$ 21.42	.007	186.76	\$	.14
HOSPITAL BASED	68	608		13,030.51	21.43	.007	191.63		.14
INDEPENDENT FACILITY	3	11		229.46	20.86	.000	76.49		.00
@LABORATORY FACILITY	3,568	10,895	\$	150,633.90	\$ 13.83	.119	42.22	\$	1.64
PATHOLOGY	3 <b>,</b> 561	10,867		150,458.44	13.85	.118	42.25		1.64
XO AND OTHERS	7	28		175.46	6.27	.000	25.07		.00
@ORGANIZED OUTPATIENT CLINIC	23,335	34,500	\$	3,269,775.77	\$ 94.78	.376	140.12	\$	35.62
CLINIC	106	377		16,356.83	43.39	.004	154.31		.18
SURGICENTER	1	1		8.52	8.52	.000	8.52		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00

RURAL HEALTH CLINIC 23,243 34,122 3,253,410.42 95.35 .372 139.97 35.45 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 2,560 03/14/05 DEL NORTE COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

91,786 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST	PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIG	IBLE
	0.72
DURABLE MED. EQUIP. 279 1,344 110,996.13 82.59 .015 397.84 1	1.21
BLOOD BANK 0 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 11 11 4,584.70 416.79 .000 416.79	.05
MEDICAL TRANSPORTATION 1,038 125,124 466,248.97 3.73 1.363 449.18 5	5.08
AMBULANCES/AIR TRANS 838 24,198 242,640.37 10.03 .264 289.55 2	2.64
OTHER TRANS 146 99,257 148,122.14 1.49 1.081 1014.54 1	1.61
OTHER SERVICES 136 1,669 75,486.46 45.23 .018 555.05	.82
ACUPUNCTURE 9 22 367.65 16.71 .000 40.85	.00
ADULT DAY HEALTH CARE CTR 19 326 22,669.18 69.54 .004 1193.11	.25
GENETIC DISEASE TESTING 123 123 12,915.00 105.00 .001 105.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP 17 69 10,889.08 157.81 .001 640.53	.12
OCCUPATIONAL THERAPIST 2 18 277.75 15.43 .000 138.88	.00
OPTICIAN 1,278 2,895 30,696.88 10.60 .032 24.02	.33
PHYSICAL THERAPIST 454 3,893 59,420.60 15.26 .042 130.88	.65
PORTABLE X-RAY 2 3 2.00 .67 .000 1.00	.00
PROSTHETIST/ORTHOTISTS 66 169 38,411.02 227.28 .002 581.99	.42
PROSTHETICS 65 168 38,361.07 228.34 .002 590.17	.42
ORTHOTICS 1 1 49.95 49.95 .000 49.95	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 124 378 19,513.71 51.62 .004 157.37	.21
HOSPICE SERVICES 2 18 2,204.19 122.46 .000 1102.10	.02
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 879 11,770 110,577.81 9.39 .128 125.80 1	1.20
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 1,807 83,096 94,386.21 1.14 .905 52.23 1	1.03
@CALIF. CHILDREN SERVICES* 257 3,605 \$ 405,042.89 \$ 112.36 .039 \$ 1576.04 \$ 4	4.41
@XOVER EXCLUDING STATE HOSP** 4,619 29,853 \$ 638,800.41 \$ 21.40 .325 \$ 138.30 \$	6.96

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.